

Case Number:	CM14-0201367		
Date Assigned:	12/11/2014	Date of Injury:	01/01/2011
Decision Date:	01/31/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73 year-old patient sustained an injury on 1/1/11 while employed by [REDACTED]. Request(s) under consideration include 12 physical therapy sessions to the left knee, 3 times a week for 4 weeks. There is previous history of right knee arthroscopy in October 2006 followed by right TKA in July 2007. For this injury, the patient underwent left total knee arthroplasty in 2012. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/7/14 from the provider noted the patient with chronic left knee stiffness, but getting much better, able to perform household chores. Exam showed unchanged decreased left knee flexion and extension with both active and passive range; decreased hamstring flexibility bilaterally; decreased left RF and iliopsoas flexibility and decreased hip extensor and abductor strength. Diagnosis was pain in joint, lower leg. Treatment was for continued therapy. Report of 11/19/14 noted patient feeling much better since therapy sessions with less pain and better range of motion. The request(s) for 12 physical therapy sessions to the left knee, 3 times a week for 4 weeks was modified for 2 additional sessions on 11/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 physical therapy sessions to the left knee, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This 73 year-old patient sustained an injury on 1/1/11 while employed by [REDACTED]. Request(s) under consideration include 12 physical therapy sessions to the left knee, 3 times a week for 4 weeks. There is previous history of right knee arthroscopy in October 2006 followed by right TKA in July 2007. For this injury, the patient underwent left total knee arthroplasty in 2012. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/7/14 from the provider noted the patient with chronic left knee stiffness, but getting much better, able to perform household chores. Exam showed unchanged decreased left knee flexion and extension with both active and passive range; decreased hamstring flexibility bilaterally; decreased left RF and iliopsoas flexibility and decreased hip extensor and abductor strength. Diagnosis was pain in joint, lower leg. Treatment was for continued therapy. Report of 11/19/14 noted patient feeling much better since therapy sessions with less pain and better range of motion. The request(s) for 12 physical therapy sessions to the left knee, 3 times a week for 4 weeks was modified for 2 additional sessions on 11/21/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury of January 2011. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 12 physical therapy sessions to the left knee, 3 times a week for 4 weeks is not medically necessary and appropriate.