

Case Number:	CM14-0204760		
Date Assigned:	12/17/2014	Date of Injury:	11/10/2005
Decision Date:	02/09/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Spine Surgery, has a subspecialty in ENTER SUBSPECIALTY 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:

The injured worker is a 64-year-old male who reported an injury on 11/10/2005. His mechanism of injury was not included. His diagnoses included bilateral arthritis of the knees. Past treatment included physical therapy. Diagnostic studies included an x-ray of the right knee on 11/19/2012 that indicated status post medial right knee hemiarthroplasty without any radiographic evidence of hardware complication; and an x-ray of the right knee on 07/21/2014, indicating status post right knee arthroplasty with prosthetic components in appropriate alignment and position. The progress note of 12/10/2014 indicates the patient having reported he was doing great. He finished physical therapy "6 weeks ago"; physical therapy gave him full relief. He worked out at a gym doing various leg exercises and stated he had no pain in his right knee, although he did have significant pain in the left knee. Physical exam revealed he had normal distal motor function bilaterally including knee flexion and extension, ankle dorsiflexion and plantar flexion. Knee and ankle reflexes were 2+ bilaterally. His medications included ibuprofen 800 mg, Valium 10 mg and Percocet. The treatment plan included continuing strengthening exercises for maximum support and function of both knees, patient was requesting to have his left total knee arthroplasty because of progressive pain and increasing valgus malalignment. The rationale for the request was not included. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: physical therapy 3 xs week x 6 weeks for the right knee:
Upheld

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

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

Decision rationale: The request for physical therapy 3 times a week times 6 weeks to the right knee is not medically necessary. The injured worker stated the physical therapy he had already performed had given him full relief. He stated he worked out at a gym doing various leg exercises. He also stated he had no pain in the right knee. The California MTUS Guidelines state that Physical Medicine Guidelines also allow for fading of treatment frequency from up to 3 or more visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, the recommendations are 9 to 10 visits over 8 weeks. Although, the injured worker does not have any recorded decreased range of motion or decreased motor strength, there is no indication how many visits he previously had with physical therapy and neither is there documentation of any objective functional improvement from the past physical therapy. Documentation does not indicate if there were exceptional factors to justify additional supervised visits in a home exercise program. The documentation submitted for review does not support the request for additional physical therapy. Therefore, the request is not medically necessary.