

Case Number:	CM14-0209044		
Date Assigned:	12/22/2014	Date of Injury:	02/17/2010
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 17, 2010. In a Utilization Review Report dated November 12, 2014, the claims administrator partially approved a request for eight sessions of physical therapy as three sessions of physical therapy. The claims administrator represented November 5, 2014 progress note in its determination. The claims administrator stated that the applicant had had somewhere between 16 to 24 sessions of physical therapy though this point in time. The claims administrator noted that the applicant did have comorbidities, including anxiety and diabetes mellitus. The applicant's attorney subsequently appealed. In a November 5, 2014 physical therapy progress note, the applicant reported persistent complaints of bilateral knee pain imputed, in part, to a motor vehicle accident. The applicant had been unable to work since April 2010, it was acknowledged. This was the applicant's 21st session of physical therapy, it was stated. The applicant exhibited 0 to 120 degrees of motion about the left knee versus -7 to 135 degrees of knee range of motion about the right knee. The applicant was not using any ambulation or aids. The note was somewhat difficult to follow and mingled historical issues with current issues. The treating therapist stated that the applicant still had some residual gait, balance, and range of motion deficits needed to facilitate her return to work. The applicant was status post right total knee arthroplasty on June 25, 2014, it was incidentally noted. In a December 5, 2014 progress note, the attending provider stated that the applicant was six months removed from a total knee arthroplasty procedure. The

applicant did have residual flexion and contracture. Naprosyn and home exercises program were endorsed up to six-month mark of the date of surgery, the attending provider noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy, twice weekly for 4 weeks, right knee:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24.

Decision based on Non-MTUS Citation ODG, Knee & Leg

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

Decision rationale: The applicant was outside of the four-month postsurgical physical medicine treatment period established in the MTUS 9792.24.3 following earlier total knee arthroplasty surgery on June 25, 2014 as of the date additional physical therapy was sought, November 5, 2014. The eight-session course of physical therapy proposed was compatible with the 9- to 10-session course of physical therapy endorsed on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. The applicant did have residual gait, range of motion, and/or strength deficits which were/are amenable to further physical therapy. The applicant did have comorbidities, including contralateral knee arthritis status post contralateral total knee replacement and diabetes mellitus, which did impede and delay her recovery from the effects of the most recent new procedure. Therefore, the request was/is medically necessary.