

Case Number:	CM14-0025231		
Date Assigned:	06/13/2014	Date of Injury:	05/08/1991
Decision Date:	03/18/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/27/2014

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: Hawaii, 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:

This 57 year old man sustained an industrial injury on 5/8/1991. The mechanism of injury is not detailed. Current diagnoses include pain involving joint in the lower leg, primary localized osteoarthritis of the lower leg, and ankylosis of the lower leg joint. Treatment has included oral medications and physical therapy. Therapy orders dated 12/23/2014 state goals of pain relief in the knee, increased function, activities of daily living, and education. A physical therapy progress report dated 12/16/2013 shows the worker has been diligent in using dynasplints and home exercise program, but the range of motion is progressing very slowly. Recommendations are made to continue physical therapy for aggressive range of motion and continue gait training. This was noted as session #53 of 60. On 1/30/2014, Utilization Review evaluated a prescription for physical therapy for the left knee, three sessions per week for six weeks, that was submitted on 2/24/2014. The UR physician noted the worker has completed 60 sessions of physical therapy. The guidelines recommend 24. The worker did experience complications post-operatively, however, he is now using a dynasplint and has no documented change in knee flexion since November 2013. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) 3X6 FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface ? Physical Therapy

Decision rationale: ODG and MTUS refers to the post-surgical knee as recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The number of physical therapy sessions range from 12-24. MTUS guidelines further state, Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. A reevaluation can be performed at this time to modify the treatment course. Per treatment records, the patient has undergone almost 60 sessions of physical therapy. While there appears to be post-operative complications that would extend treatment sessions, ongoing functional improvement does not appear to be present. Additional extenuating circumstances are not clearly detailed by requesting provider to warrant an additional extension of 18 sessions. As such, the request for PHYSICAL THERAPY (PT) 3X6 FOR THE LEFT KNEE is not medically necessary.