

Case Number:	CM15-0003461		
Date Assigned:	01/14/2015	Date of Injury:	06/29/2012
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 57 year old male, who sustained an industrial injury, June 29, 2012. The injured workers chief complaint was anterior left knee tenderness and limited range of motion, locking, swelling and limping ambulation. The injured worker was diagnosed with osteoarthritis and patellafemoral malalignment of the left knee. The injured worker had been treated with physical therapy and surgery on the left knee (July 14, 2014) total left knee arthroplasty. On December 3, 2014, the primary treating physician requested physical therapy 2 times a week for 6 weeks for left knee to improve range of motion and build strength to the left knee. On December 10, 2014, the UR denied authorization for physical therapy 2 times a week for 6 weeks for left knee. The denial was based on the MTUS for Chronic Pain Medical Treatment guidelines for Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week a for 6 Weeks to The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient presents with pain and swelling in the left knee, rated at 6-8/10, as per progress report dated 11/20/14. The request is for physical therapy 2 times a week for six weeks to the left knee. There is no RFA for this case, and the patient's date of injury is 06/29/12. The patient is status post total left knee replacement, as per operative report dated 07/14/14. The patient is taking Norco for pain relief, as per progress report dated 11/20/14. He is off work, as per the same progress report. MTUS Guidelines, pages 24-25, recommend 24 visits of postsurgical treatment over 10 weeks for patients who have undergone knee arthroplasty. The postsurgical physical medicine treatment period is 4 months. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient is status post total left knee replacement on 07/14/14, as per the operative report. In progress report dated 08/15/14, the treater is requesting for an extension of "post-operative physical therapy to regain strengthening, to improve soft tissue mobility, dynamic stabilization, and to help reduce the patient's pain to a more manageable level." The treater continues to request additional 12 sessions of PT in progress reports dated 09/04/14, 10/13/14, and 11/20/14. In progress report dated 10/13/14, the treater states that the patient has responded well to prior therapy which has helped "increase AROM and PROM, but still struggles with flexion and extension to his left knee." The treater believes that additional sessions will help address the "residuals." Twelve additional sessions fall within the 24 session range recommended by MTUS in post-operative cases. However, the UR letter states that patient was authorized 12 sessions of PT on 09/15/14 and another 12 sessions on 10/23/14. There is no evidence to contradict the UR contention. Given that the patient has already received authorization for 24 sessions of PT for the left knee, the current request for another 12 sessions appears excessive, and IS NOT medically necessary.