

Case Number:	CM15-0005212		
Date Assigned:	01/16/2015	Date of Injury:	03/31/2009
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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 is a 52 year old male who sustained an industrial injury on 3/31/2009. He has reported right knee pain. Prior injury to the lower back was mentioned, but was not part of the treatment plan. The diagnoses have included chronic right knee pain and status post total right knee replacement. Treatment to date has included activity modification, physical therapy, home exercise program, bracing and a right total knee replacement. Currently (visit 11/6/2014), the IW complains of chronic right leg pain. Treatment plan included 6 treatments of physical therapy to the right knee. On 12/10/2014, Utilization Review non-certified 6 treatments of physical therapy to the right knee, noting the lack of functional response to prior physical therapy. The MTUS and ACOEM Guidelines were cited. On 1/9/2015, the injured worker submitted an application for IMR for review of 6 treatments of physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 to the right knee: Upheld

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

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

Decision rationale: The patient was injured on 03/31/09 and presents with chronic right knee pain which is worse with prolonged walking, climbing stairs, or standing. The request is for PHYSICAL THERAPY X 6 TO THE RIGHT KNEE. The RFA is dated 11/24/14 and the patient is permanent and stationary. The patient is status post total right knee replacement, no date provided. The utilization review denial letter states that the patient "continues with his home exercise program, but states that he has not had any physical therapy in quite some time." MTUS Guidelines page 24-25 regarding post-surgical physical therapy for the knee allows for 24 visits over 10 weeks for arthroplasty. The post-surgical time frame is 4 months. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to one or less, plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Since the date of the surgery is not known, it is unknown if the patient is still in the post-surgical time frame. In this case, the patient is status post total right knee replacement and has had several sessions of therapy prior to this request. There is no indication of when the patient had physical therapy, how many sessions the patient had, or how these sessions impacted the patient's pain and function. Therefore, the requested physical therapy IS NOT medically necessary.