

Case Number:	CM15-0005609		
Date Assigned:	01/16/2015	Date of Injury:	09/17/2008
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
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: Orthopedic Surgery, Sports 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 injured worker is a 56-year-old male who reported an injury on 09/17/2008. The documentation indicated the injured worker had 16 sessions of physical therapy and was noted to have a left total knee replacement. The diagnostic studies and medications were not provided. The documentation presented for review was dated 06/24/2014. The documentation revealed the injured worker had reported joint pain, stiffness, and a grating sensation in the knee. The injured worker had swelling of the knee, warmth of the knee, tenderness to palpation in the medial and inferior joint line of the knee which was lateral to the joint line of the knee. The diagnosis included osteoarthritis of the knee. The treatment plan included an injection with steroids. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, three times weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the injured worker had undergone multiple sessions of physical therapy. There was a lack of documentation of objective functional deficits that remained, as well as objective functional benefit that was received from prior therapy. Additionally, the request for 18 sessions would be excessive. Given the above, the request for physical therapy for the left knee 3 times weekly for 6 weeks is not medically necessary.