

Case Number:	CM15-0007102		
Date Assigned:	01/22/2015	Date of Injury:	11/14/2005
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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 male, who sustained an industrial injury on November 14, 2005. The mechanism of injury is unknown. The diagnoses have included right total knee arthroplasty loosening and low back pain. Treatment to date has included diagnostic studies, surgery, physical therapy and medications. Currently, the injured worker was status post right total knee arthroplasty revision from August 25, 2014. He still complained of quite a bit of pain especially with use and in terms of prolonged walking, squats and stairs. He also had quite a bit of low back pain with radiation and a tingling sensation going into the left leg. On December 24, 2014, Utilization Review non-certified physical therapy 2x week for 6 weeks, noting the California Medical Treatment Utilization Schedule Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of physical therapy 2x week for 6 weeks right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x wk x 6 wks Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 24.

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 65 year old patient presents with low back pain radiating to lower extremity. The request is for PHYSICAL THERAPY 2 X WK X 6 WKS RIGHT KNEE. The request for authorization is not available. The patient is status-post right total knee arthroplasty revision 08/25/14. Patient has pain with prolonged walking, squats and stairs. Patient is using a cane for ambulation. Patient has tried physical therapy in the past that only gave him temporary relief. Patient's medication includes Naprosyn, Prilosec, Ultram, Norco, Flexeril and Medrox. The patient is temporarily totally disabled. 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." Treater has not provided reason for the request. Per UR letter dated 12/24/14 patient has had 45 sessions of physical therapy. Per progress report dated 12/04/14, treater states "At this point in time, he finishes physical therapy for the right knee." However, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12 additional physical therapy sessions would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.