

Case Number:	CM15-0102816		
Date Assigned:	06/05/2015	Date of Injury:	03/10/2014
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 60-year-old male, with a reported date of injury of 03/10/2014. The diagnoses include painful revision left replacement without sign of infection. Treatments to date have included oral medications and left total knee replacement. The progress report dated 04/29/2015 indicates that the injured worker stated that his left knee pain was constant with every step. He rated his pain 7 out of 10 all of the time. The injured worker was status post revision left knee replacement. The physical examination showed left knee incision was clean, dry, and intact; mild warmth and mild swelling; no redness; tenderness anteriorly; flexion at 100 degrees; and intact neurovascularly distally. It was noted that the injured worker had no sign of infection; however, he did have some tendinitis. The treating physician recommended physical therapy two to three times a week for six weeks for deep tissue massage, soft tissue releases, as well as strengthening. The treating physician requested eighteen (18) physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient underwent revision of left total knee arthroplasty. The postsurgical treatment is 24 physical medicine visits over 10 weeks with postsurgical physical medicine treatment period of 4 months. Postsurgical guidelines do not apply. In this case, the postsurgical period has expired and additional 18 treatments have been requested. The requested number of 18 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request is not medically necessary and should not be authorized.