

Case Number:	CM15-0102832		
Date Assigned:	06/05/2015	Date of Injury:	07/22/2008
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 53-year-old male, who sustained an industrial injury on 7/22/2008. The mechanism of injury is unknown. The injured worker was diagnosed as status post left total knee arthroplasty and longstanding leg weakness from a gunshot wound when he was younger. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/6/2015, the injured worker complains of difficulty descending hills and stairs. Physical examination showed significant atrophy and indentation of the quad muscle on the left. The treating physician is requesting 12 physical therapy visits for the left knee.

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 for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post left knee arthroplasty June 2014. The date of injury is July 22, 2008. The total number of physical therapy sessions to date is not documented in the medical record. The guidelines recommend 24 visits over 10 weeks. There is no documentation of objective functional improvement, however the treating provider indicates the injured worker has had a slow recovery due to preoperative weakness secondary to a gunshot sustained several years back ("when he was much younger"). There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with objective functional improvement, the total number of physical therapy sessions to date and compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy two times per week times six weeks is not medically necessary.