

Case Number:	CM15-0108423		
Date Assigned:	06/15/2015	Date of Injury:	05/02/2005
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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 62 year old male who sustained an industrial injury on 05/02/2005. The provider noted diagnoses of patellar tendonitis-status post total left knee arthroplasty. Treatment provided to date has included: bilateral knee arthroplasty, physical therapy, medications, and conservative therapies/care. Diagnostic testing was not provided nor discussed. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/07/2015, physician progress report noted complaints of a 3 week history of left knee pain (flare-up). The injured worker was reportedly doing very well when he was last seen on 01/29/2015. There was no pain severity rating noted; however, the pain was described as dull and achy pain, and located around the kneecap which was worse with getting up from the seated position. Additional complaints include pain at the inferior pole of the patella. The injured worker denied any new injuries or increase in activities. The physical exam revealed well-healed incision sites to both knees, and tenderness at the inferior pole of the patellar tendon. All other exam findings were normal. Plan of care includes topical and oral medication, 12 sessions of physical therapy to include eccentric loading exercises, and follow-up. Requested treatments include 12 sessions of physical therapy which was modified to 4 sessions for re-education.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times wkly for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy, 3 times wkly for 4 wks, 12 sessions is not medically necessary and appropriate.