

Case Number:	CM15-0018443		
Date Assigned:	02/06/2015	Date of Injury:	12/04/2011
Decision Date:	05/05/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female with an industrial injury dated 12/04/2011. Her diagnosis includes osteoarthritis of right knee, status post right total knee replacement and low back pain. Prior treatments include physical therapy, home exercise program and medications. In the progress note dated 12/11/2014 the treating physician notes the injured worker is having some low back pain and post-op pain. She was noted to be making progress with physical therapy and Home Exercise Program. Objective findings were 1 plus limp and 1 plus guard. The physician noted the x-ray is excellent. Physical therapy notes are on the chart. The provider is requesting physical therapy 2 times a week for 4 weeks. Medications listed are Tramadol and Celebrex. A Utilization Review determination was rendered recommending non certification for Physical Therapy 2 times a week for 4 weeks for 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 times a week for 4 weeks for the Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) treatments can be utilized for the management of chronic knee pain. The utilization of PT can result in reduction in pain, decrease in medications utilization and functional restoration. The records indicate that the patient had completed the supervised PT and Home exercise program following the knee replacement surgery. There is documentation of functional improvement following PT. The guidelines recommend that patients continue with Home Exercise Program after completion of supervised PT program. The criteria for PT 2 times a week for 4 weeks of the right knee was not met. The request is not medically necessary.