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| Case Number: | CM15-0019750 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 08/10/2010 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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: Preventive Medicine, Occupational 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 65 year old female, who sustained an industrial injury on 8/10/2010. Currently she reports continued pain in the left knee, with recurrence of contractions. The injured worker was diagnosed with, and/or impressions were noted to include, left knee osteoarthritis; status-post failed total knee replacement, with revision x 3; and left ankle contracture. Treatments to date have included consultations, diagnostic imaging studies and other treatment modalities were not noted in the medical records provided for my review. She is reported to have completed 35 sessions of physical therapy through 2014. The history notes the original injuries were to the left knee and right ankle, as well as chronic left knee and ankle pain, contracture of the left knee and left ankle status-post surgery, the development of low back pain, and pain with numbness in her hands. Severe work restrictions were noted to have been placed; and that she retired on 6/4/2014. She was made permanent and stationary on 9/15/14 and is noted to have contracture in the left knee and ambulates with a walker. She has Diabetes Mellitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment 2-3 x 4-6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: This request does not appear to fall under the MTUS Post Surgical Guidelines as Total Arthroplasty has a 4-month post op time period and Knee Manipulation (which implies contracture) has up to a 6 month post op time period with up to a total 20 physical therapy sessions deemed adequate. This individual has exceeded the Post Op Guideline recommendations without any lasting improvement. Per the MTUS Chronic Pain Guidelines physical therapy for ongoing chronic conditions should be limited in scope and between 8-10 sessions is deemed adequate. Under these circumstances, this request for up to 18 sessions of therapy (Physical Therapy evaluation and treatment 2-3/wk for 4-6 wks for the left knee) is not supported by Guidelines and is not medically necessary.