

Case Number:	CM15-0131452		
Date Assigned:	07/17/2015	Date of Injury:	06/24/2010
Decision Date:	08/13/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 64 year old female, who sustained an industrial injury on 6/24/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having osteoarthritis, localized, involving lower leg. Treatment to date has included right total knee arthroplasty in 9/2014, history of left knee arthroscopy, unspecified physical therapy, and cortisone injection. Currently, the injured worker complains of bilateral knee pain. Physical exam of the right knee noted positive quadriceps weakness, limited range of motion, mild swelling, and an antalgic gait. Exam of the left knee noted crepitus and grind, limited range of motion, and mild varus deformity. She needed a knee replacement on the left, which would be scheduled at a later time. She was not working. X-rays of the left knee were documented as showing severe arthrosis, bone on bone, mostly in the medial and patellofemoral joints, with osteophytes and sclerosis. The treatment plan for the left knee was more therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Knee, Qty 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in June 2010 and is being treated for bilateral knee pain. She underwent a right total knee replacement in September 2014 and has a diagnosis of left knee osteoarthritis. When seen, knee range of motion was decreased bilaterally. There was right knee quadriceps weakness with mild swelling. There was left knee crepitus with positive patellar grind testing. A need for extensive physical therapy is referenced and authorization for 12 treatment sessions was requested. An x-ray of the left knee included findings of advanced arthritis and a left total knee replacement is being planned. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. Guidelines recommend up to 9 physical therapy over 8 weeks for the treatment of osteoarthritis of the knee. In this case, the number of visits requested is in excess of either recommendation and the request is not medically necessary.