

Case Number:	CM15-0133689		
Date Assigned:	07/21/2015	Date of Injury:	09/26/2010
Decision Date:	08/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii

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 was a 61-year-old female, who sustained an industrial injury, September 26, 2010. The injured worker previously received the following treatments physical therapy, left knee surgery, Hydrocodone, Cyclobenzaprine, Diclofenac, Tramadol, Pantoprazole and ice/heat therapy. The injured worker was diagnosed with osteoarthritis of the knees and left knee arthroplasty surgery on March 9, 2015. According to progress note of May 21, 2015, the injured worker's chief complaint was for bilateral knee pain. The injured worker rated the pain at 6 out of 10 and severe. The injured worker was currently in physical therapy program, which was helping regain motion. The injured worker was able to extend and flex the knee. The physical exam noted medial joint tenderness and mild swelling was present. X-rays were taken of the bilateral knees and tibias which showed no increase in the osteoarthritis. The treatment plan included physical therapy for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the bilateral knees. The current request is for Physical therapy 3x4 weeks for bilateral knees. The treating physician report dated 6/22/15 (7B) states, "On examination today, I am requesting authorization for additional physical therapy sessions 3 times a week for 4 weeks to regain joint mobilization and soft tissue mobilization to improve range of motion; strengthening and dynamic stabilization to improve muscle function and balance for the bilateral knees". The MTUS post-surgical treatment guidelines support 24 visits over 10 weeks for arthroplasty of the knee. The medical records provided, show the patient is status post left knee arthroplasty revision 3/09/15 (22B) and has received an unknown quantity of PT sessions previously. In this case, the patient has received an unknown number of visits of physical therapy to date so it is unclear if the current request of 12 visits exceeds the recommendation of 24 visits as outlined by the MTUS post-surgical treatment guidelines on page 24. Furthermore, while the patient is still within the MTUS post-surgical treatment period and may require additional PT, documentation of the quantity of prior PT visits received to date would be required. The current request is not medically necessary.