

Case Number:	CM15-0138434		
Date Assigned:	07/28/2015	Date of Injury:	08/23/2011
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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:

This 56 year old female sustained an industrial injury to multiple body parts following a fall on 8/23/11. The injured worker underwent left total knee replacement on 5/19/15. In a PR-2 dated 7/1/15, the injured worker stated that she was frustrated due to having ongoing left knee pain with weight bearing, standing and walking requiring 4-6 Norco per day in order to stand and walk. The injured worker also complained that it was painful to raise her right shoulder. Physical exam was remarkable for slight tenderness to palpation to the right upper back and neck that increased with neck rotation, decreased right shoulder range of motion with pain, decreased left knee range of motion with pain and left lower extremity with edema. The injured worker ambulated with a rolling walker and sat listing to the right. Current diagnoses included left knee post traumatic arthritis, cervical spine sprain/strain, status post neck surgery, right shoulder sprain/strain, right shoulder surgery (2/12), lumbar spine sprain/strain with spondylolisthesis, left lower extremity weakness, left knee sprain/strain with meniscal debridement and chondroplasty and bilateral carpal tunnel releases (2009). The physician noted that this was a unique case of tough knee replacement and additional physical therapy was appropriate. The physician stated that the other option was to put up with long-standing pain, not being able to straighten out her knee, limping badly and throwing out her back. The treatment plan included requesting authorization for medications (Norco, Percocet and Trazodone) and twelve sessions of physical therapy two to three times per week for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 sessions for the cervical/lumbar spine: 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.

Decision rationale: The claimant sustained a work injury in August 2011. She has undergone multiple surgeries, most recently, a left total knee replacement. When seen, she had undergone knee replacement surgery approximately 6 weeks before. She was having ongoing pain with weight-bearing and was continuing to take Norco and Percocet and was ambulating with a rolling walker. Physical examination findings included slight right upper back and neck tenderness increased with cervical rotation. There was pain with shoulder motion. There was lower extremity edema with decreased knee range of motion. There was normal knee strength. Medications were refilled. Authorization for additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury to the right shoulder. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.

Physical Therapy x12 sessions for the right shoulder: 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.

Decision rationale: The claimant sustained a work injury in August 2011. She has undergone multiple surgeries, most recently, a left total knee replacement. When seen, she had undergone knee replacement surgery approximately 6 weeks before. She was having ongoing pain with weight-bearing and was continuing to take Norco and Percocet and was ambulating with a rolling walker. Physical examination findings included slight right upper back and neck tenderness increased with cervical rotation. There was pain with shoulder motion. There was lower extremity edema with decreased knee range of motion. There was normal knee strength. Medications were refilled. Authorization for additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury to the right shoulder. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in

excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.

Physical Therapy x 12 sessions for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in August 2011. She has undergone multiple surgeries, most recently, a left total knee replacement. When seen, she had undergone knee replacement surgery approximately 6 weeks before. She was having ongoing pain with weight-bearing and was continuing to take Norco and Percocet and was ambulating with a rolling walker. Physical examination findings included slight right upper back and neck tenderness increased with cervical rotation. There was pain with shoulder motion. There was lower extremity edema with decreased knee range of motion. There was normal knee strength. Medications were refilled. Authorization for additional physical therapy was requested. Guidelines address the role of therapy after knee arthroplasty with a postsurgical physical medicine treatment period of 6 months and up to 24 physical therapy visits over 10 weeks with a post-surgical treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits. With documentation of functional improvement, a subsequent course of therapy can be prescribed and if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, additional treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the number of post-operative therapy treatments and the claimant's response to these is unknown. Providing skilled physical therapy services in excess of that needed would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request cannot be considered as being medically necessary.