

Case Number:	CM15-0147333		
Date Assigned:	08/10/2015	Date of Injury:	11/05/2009
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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 53 year old female who sustained an industrial injury on 11-05-07. Initial complaints and diagnoses are not available. Treatments to date include left total knee replacement, medications, physical therapy, and knee injections. Diagnostic studies are not addressed. Current complaints include difficulty walking. The injured worker states she is 70% normal. Current diagnoses include status post total knee replacement. In a progress note dated 07-09-15 the treating provider reports the plan of care as more quadriceps strengthening exercises and a follow-up in one month. The requested treatments include additional physical therapy to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the left knee 2-3x/ week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Knee and Leg procedure Summary Online Version last updated 05/05/2015.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has completed 17 of 18 approved physical therapy sessions and is making good improvements. At this point she should be able to continue with a home-based, self-directed exercise program. Additionally, this request for 12-18 physical therapy sessions exceeds the recommendations of the guidelines; therefore, the request for continued physical therapy for the left knee 2-3x/ week x 6 weeks is not medically necessary.