

Case Number:	CM15-0147750		
Date Assigned:	08/11/2015	Date of Injury:	05/15/2012
Decision Date:	09/08/2015	UR Denial Date:	07/24/2015
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: 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 63 year old female who sustained an industrial/work injury on 5-15-12. She reported an initial complaint of right knee pain. The injured worker was diagnosed as having pain in joint, lower leg and osteoarthritis lower leg. Treatment to date includes medication, surgery (arthroscopy), injections, and physical therapy. MRI results were reported on 9-22-14, 6-21-13, and 12-7-12. X-ray results were reported on 9-22-14, 5-12-14, and 8-24-12. Currently, the injured worker complained of knee pain. The right knee diffuse pain is increasing with time. Per the primary physician's report (PR-2) on 9-4-14, exam notes the left knee has no effusion, full extension, 135 degrees of flexion without pain on hyperflexion, significant patellofemoral crepitus, negative Lachman and posterior drawer signs, stable varus and valgus stress with the knee flexed to 30 degrees, pain with McMurray, tender over the lateral patellar facet. The right knee has no effusion, full extension, 135 degrees of flexion without pain on hyperflexion, significant patellofemoral crepitus, negative Lachman and posterior drawer signs, significant diffuse tenderness to palpation of the medial joint line, mild lateral joint line tenderness, negative McMurray, 1-medial and lateral patellar glide, significant tenderness to palpation of the lateral patellar facet, just mild tenderness to palpation of the medial patellar facet. The requested treatments include Physical therapy for the right knee. Notes indicate that the patient has had 16 sessions of physical therapy certified. The patient underwent total knee arthroplasty on the right on May 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the most recent sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, in addition to previously authorized therapy the current request exceeds the amount 24 sessions of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.