

Case Number:	CM15-0147853		
Date Assigned:	08/10/2015	Date of Injury:	03/30/2001
Decision Date:	09/08/2015	UR Denial Date:	06/24/2015
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: 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 73 year old male, who sustained an industrial injury on 3-30-01. The injured worker has complaints of decreased right knee stiffness and pain. The documentation noted that range of motion of right knee is decreased. The diagnoses have included right knee degenerative joint disease. Treatment to date has included right total knee replacement; injections; medications and physical therapy. The request was for physical therapy 2 times a week times 4 weeks + 6 visits for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 4Wks + 6 visits for the right knee: Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury in March 2001 and is being treated for right knee pain after a right total knee replacement on 01/06/15. From

February 2015 through June 2015 26 physical therapy treatments were provided. When seen, there was decreasing knee stiffness and pain. He was using a cane because of his left knee. There was decreased strength. 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. In this case, the claimant has already had an appropriate course of physical therapy. 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. A continued home exercise program would meet his needs in terms of continued strengthening. The request cannot be considered as being medically necessary.