

Case Number:	CM15-0163730		
Date Assigned:	08/31/2015	Date of Injury:	01/10/2013
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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 is a 57 year old male, who sustained an industrial injury on January 10, 2013. He reported left knee pain. The injured worker was currently diagnosed as having impingement syndrome shoulder, status post total left knee replacement and left knee degenerative joint disease. Treatment to date has included diagnostic studies, physical therapy, knee injection, left total knee replacement surgery, home exercise and medication. The initial physical therapy treatment was noted to be unsuccessful. Notes stated that he had minimal or no benefit from a corticosteroid injection to the left knee in 2013. On July 20, 2015, the injured worker complained of continued significant pain with limited motion of the left knee. Physical examination revealed flexion limited to 90 degrees. The injured worker had continued pain and discomfort with limited range of motion in both shoulders and continued left heel pain. The treatment plan included a physical therapy exercise program twice a week for six weeks to help him wean from the use of his cane, laboratory evaluation, an MRI of the right and left shoulders and a follow-up visit. A request was made for physical therapy two times a week for six weeks 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 two (2) times a week for six (6) weeks for the Left Knee: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Physical therapy two (2) times a week for six (6) weeks for the left knee. The treating physician states in the report dated 7/22/15, "Physical therapy 2x6 weeks." (55B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary.