

Case Number:	CM15-0165351		
Date Assigned:	09/02/2015	Date of Injury:	05/03/2013
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/24/2015

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 58 year old woman sustained an industrial injury on 5-3-2013. The mechanism of injury is not detailed. Diagnoses include osteoarthritis of left leg and status post left knee replacement. Treatment has included oral medications and surgical intervention. Physician notes dated 5-15-2015 show complaints of left knee pain. Recommendations include dynasplint, continue physical therapy, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (visits) Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines 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) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in May 2013 and continues to be treated for left knee pain. She underwent a left total knee replacement in December 2014 and

required manipulation under anesthesia which was performed on 03/31/15. As of 06/09/15, she had completed 17 postoperative therapy treatments after the manipulation. She was having much left knee pain but had ongoing weakness and stiffness. When seen, she had an antalgic gait and was using a cane. She had full left knee extension with flexion to 95 degrees. Authorization for additional physical therapy was requested. In terms of physical therapy for this condition, guidelines recommend up to 9 treatment sessions over 8 weeks. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.