

Case Number:	CM15-0167149		
Date Assigned:	09/11/2015	Date of Injury:	02/13/1995
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, New York, 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 applicant is a represented 71-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of February 13, 1995. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. An order form dated July 15, 2015 was referenced in the determination. The applicant had undergone an earlier knee replacement surgery on February 4, 2015, it was reported. The claims administrator contended that the applicant had received 39 sessions of physical therapy between February 4, 2015 and the July 16, 2015 RFA form. The applicant's attorney subsequently appealed. On said July 16, 2015 RFA form, 12 sessions of physical therapy were sought, seemingly without any supporting rationale or progress notes. In an earlier note dated June 11, 2015, the applicant was described as four months removed from the date of earlier total knee arthroplasty surgery. The applicant was doing great. The applicant was described as exhibiting a nonantalgic gait. The applicant had undergone left and right total knee arthroplasties, it was reported. 120 degrees of knee range of motion were appreciated bilaterally. The applicant was described as doing very well status post bilateral total knee arthroplasty. Additional physical therapy was sought. A physical therapy progress note dated July 13, 2015 was notable for commentary to the effect that the applicant had had 39 sessions of physical therapy, was retired, and required minimal assistance in terms of performing activities of daily living and household chores. Some residual soreness about the knee was appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Three (3) Times a Week for Four (4) Weeks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for an additional 12 sessions of physical therapy for knee was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total knee arthroplasty surgery of February 4, 2015 as of the date of the request, July 16, 2015. The MTUS Postsurgical Treatment Guidelines were therefore applicable. The 12-session course of treatment at issue, in and of itself, represented treatment in the excess of the 9-to-10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant was described as having minimal residual impairment present on a physical therapy progress note of July 13, 2015 and on a medical progress note of June 11, 2015. The applicant was described as doing "very well" as of the June 11, 2015 medical progress note. The applicant exhibited a nonantalgic gait with well-preserved knee range of motion on that date. It appeared, thus, that the applicant was in fact capable of transitioning to self-directed home-based physical medicine without the lengthy formal course of treatment at issue, per both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.