

Case Number:	CM15-0184295		
Date Assigned:	09/24/2015	Date of Injury:	11/13/1997
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 53 year old male, who sustained an industrial injury on 11-13-97. The injured worker has complaints of right knee pain. The documentation Progress Evaluation for Physical Therapy on 8-28-15 noted that the injured worker has made good overall progress since his initial evaluation with his knee and low back and he displays improved with knee strength and range of motion, as well as increased ability to engage his core with functional activities and exercises requiring less cueing. The injured worker also reported reduced pain levels overall which has increased his activities of daily living performance. The physical therapy note on 9-8-15 noted that the total visits were 14 and that the injured worker continues to have mild to moderate swelling of the right knee due. There was tenderness to palpation at patellar tendon just inferior to patellar border. The diagnoses have included right knee pain; lumbago and abnormality of gait. Treatment to date has included left shoulder arthroscopy on 12-18-14; right total knee replacement on 4-28-14 and epidural injections. The documentation on 4-12-15 noted that the injured workers current medications were allegra allergy; aspirin; bystolic; diclofenac; monopril; requip and tramadol. X-rays on 4-12-15 revealed excellent alignment of the prosthesis without evidence of loosening wear or significant problems. Magnetic resonance imaging (MRI) of the right knee on 3-28-14 showed zimmer protocol imaging of the knee prior to arthroplasty and severe degenerative changes in the medial compartment of the knee. The original utilization review (9-15-15) non-certified the request for physical therapy for the right knee, quantity 18 (3 times 6).

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, QTY: 18 (3x6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 11/13/97 and he presents with right knee pain. The request is for PHYSICAL THERAPY FOR THE RIGHT KNEE, QTY: 18 (3X6). The RFA is dated 07/20/15 and the patient's current work status is not provided. On 04/28/14, the patient underwent a right total knee replacement. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The patient is diagnosed with right knee pain, lumbago, and abnormality of gait. He underwent a right total knee replacement on 04/28/14. The patient is now out of the post-op time frame; therefore, MTUS pages 98-99 were referred to. As of 09/08/15, the patient has had at least 14 sessions of therapy to date. The 09/04/15 therapy note states that the patient is "sore after last visit at the knee from increase in exercises, increased swelling at medial/lateral knees." There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. An additional 18 sessions to the 14 sessions the patient has already had exceeds what is allowed by MTUS guidelines. Therefore, the requested physical therapy IS NOT medically necessary.