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| Case Number: | CM15-0187874 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 01/10/2013 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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: 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:

This 45 year old female sustained an industrial injury on 1-10-13. Documentation indicated that the injured worker was receiving treatment for status post left knee total replacement with arthrofibrosis. In an orthopedic evaluation dated 6-26-15, the physician stated that the injured worker underwent left total knee replacement on 10-2-14 but had "difficulty" regaining left knee motion despite physical therapy. The injured worker underwent left knee arthroscopy, debridement and manipulation on 3-17-15. The injured worker received postoperative physical therapy and medications. In a physical therapy progress noted dated 6-24-15 (visit 9) the physical therapist stated that range of motion was not progressing and that her overall pain was worse since a fall in early May. The injured worker tolerated strengthening exercise but suffered with increased pain for several days after. Left knee range of motion was 20 to 90 degrees. In a physical therapy discharge summary dated 7-20-15 (visit 12), the injured worker reported that her pain was "severe" and her strength was limited. The physical therapist stated that over the course of 3 months post manipulation the injured worker showed little improvement in range of motion and strength. Left knee range of motion was 20 to 95 degrees. The injured worker was given a comprehensive strengthening program for her hip and knee joints. In a PR-2 dated 9-4-15, the injured worker complained of ongoing discomfort and stiffness in the left knee. Physical exam was remarkable for left knee with 5 to 85 degrees of flexion and diffuse tenderness to palpation. The left knee was "grossly ligamentously intact". The physician stated that the knee flexed in the operating room to 115 degrees but the injured worker had not maintained that. The physician recommended medications (Tramadol, Motrin and Norco), left knee x-rays, a referral

to a joint specialist and additional physical therapy twice a week for six weeks. On 9-14-15, Utilization Review non-certified a request for additional physical therapy twice 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:

Additional physical therapy 2 x 6 weeks for the left knee: Upheld

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

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

Decision rationale: The patient presents with left knee pain and stiffness. Patient is status post left knee arthroscopy, debridement and manipulation under anesthesia, 3/17/15. The patient had previously been approved for 12 postoperative PT sessions on 1/19/15 (101B) and 8 additional PT sessions on 5/4/15 (33B) for a total of 20 sessions. The current request is for 12 additional sessions of physical therapy for the left knee. The treating physician states on 9/4/15 the patient needs a new referral for therapy and requests therapy 2 times a week for 6 weeks (16C). Post surgical treatment guidelines no longer apply as the treatment period for this diagnosis is 4 months. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.