

Case Number:	CM15-0191818		
Date Assigned:	10/05/2015	Date of Injury:	03/09/2013
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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 47-year-old male who sustained an industrial injury on 3-9-13. The medical records indicate that the injured worker was treated for severe left knee medial compartment osteoarthritis with bone on bone disease, status post arthroscopy (5-13) and status post left knee unicompartmental knee replacement (4-13-15); patellofemoral osteoarthritis; obesity; lumbar disc disease with significant hamstring contracture. The 9-4-15 note indicates that the injured worker is status post left knee replacement and is doing well. The physical exam revealed, normal range of motion, no joint line tenderness, intact neurovascular exam and negative McMurray exam. Per the note he does have some hamstring stiffness and has gained some weight. Two x-rays were obtained of the left knee and show prosthesis to be in good condition and in excellent position and prior diagnostics included computed tomography of the left knee (12-8-14) showing degenerative joint disease with narrowing of the medial joint compartment. It was recommended by the treating provider that he continue with physical therapy. The physical therapy note dated 5-8-15 indicated that the injured worker has had 4 sessions of physical therapy and at that time was till complaining of left knee stiffness, swelling and pain with little strength. By 9-9-15, he had 8 sessions of physical therapy and had no pain at rest and less left knee click and pain when walking. The injured worker has been treated with physical therapy for hamstring and back (2014); left knee brace; medications: (past: Mobic, Prilosec): (current: Ultram ER., Mobic). The request for authorization dated 5-22-15 was for physical therapy 2 times per week for 4 weeks to the left knee. On 9-23-15 Utilization Review non-certified, the request for physical therapy 2 times per week for 4 weeks to 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 four (4) weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Complaints.

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

Decision rationale: The patient was injured on 03/09/13 and presents with left knee pain. The request is for PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT KNEE. There is no RFA provided and the patient is on temporary total disability. On 04/13/15, the patient underwent a left knee unicompartmental knee replacement. MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. 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 severe left knee medial compartment osteoarthritis with bone on bone disease, status post arthroscopy (5-13) and status post left knee unicompartmental knee replacement (4-13-15); patellofemoral osteoarthritis; obesity; lumbar disc disease with significant hamstring contracture. The patient underwent a left knee unicompartmental knee replacement on 04/13/15. The patient is now out of the post-surgical time frame; therefore, MTUS Guidelines pages 98-99 were referred to. The 05/15/15 and 06/30/15 therapy notes request for 8 sessions each. However, there is no indication of how these physical therapy sessions affected the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. The request IS NOT medically necessary.