

Case Number:	CM15-0194051		
Date Assigned:	10/07/2015	Date of Injury:	07/09/2005
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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:

The injured worker is a 60 year old male, who sustained an industrial injury on 7-9-05. The injured worker was diagnosed as having left knee osteoarthritis. Treatment to date has included an unknown number of physical therapy visits, left knee injections, and left total knee replacement on 8-18-14. On 7-1-15 physical examination findings included left knee range of motion was 0-110 degrees, stable ligaments, and crepitation. On 7-1-15, the injured worker complained of left knee pain. The treating physician requested authorization for physical therapy for the left knee x8. On 9-24-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee QTY 8: 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 complains of crepitation in the left knee. The patient is status post total left knee replacement on 8/18/14. The UR dated 9/24/15 indicates the patient has completed physical therapy in the past but did not specify the total number of sessions completed. The current request is for 8 sessions of physical therapy for the left knee. The treating physician states on 7/1/15 (28B) the patient "underwent left total knee replacement on 8/18/14. He had a satisfactory postoperative course including physical therapy. With that his function has returned to relatively normal levels. Over the last month or two he has had a recurrence of some pain and crepitation on of the left knee. I would ask for authorization for eight visits of physical therapy for strengthening of the quadriceps mechanism patellofemoral joint left knee." 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. In this case, the clinical reports provided indicated that physical therapy sessions have been completed in the past, however, the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. Additionally, the clinical records reviewed do not provide 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.