

Case Number:	CM15-0197064		
Date Assigned:	10/12/2015	Date of Injury:	04/25/2013
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 56 year old () male who sustained an industrial injury on 04-25-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left knee sprain with previous total knee replacement, and lumbar strain or sprain. Medical records (05-29-2015 to 08-21-2015) indicate increased left knee pain with new injury and pain due to slipping and falling in 07-2015. Pain levels were 8-9 out of 10 on a visual analog scale (VAS). Records also indicate decreased activity levels since fall. Per the treating physician's progress report (PR), the IW had returned to work but was now on temporary total disability. The physical exam, dated 09-03-2015, revealed antalgic gait, tenderness in the lateral and medial left knee joint lines, tenderness in the popliteal fossa, and normal range of motion in the left knee. X-rays were reported to be negative for any fractures. Relevant treatments have included total knee replacement, physical therapy (PT), work restrictions, and pain medications. The request for authorization (09-22-2015) shows that the following therapy was requested: 9 sessions (3x3) of PT for the left knee. The original utilization review (09-28-2015) partially approved the request for 9 sessions (3x3) of PT for the left knee (modified to 6 sessions).

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 3 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy left knee three times per week times three weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left knee replacement secondary to post traumatic arthritis. Date of injury is April 25, 2013. Request for authorization is September 22, 2015. According to a September 22, 2015 progress note, the injured worker status post left knee total knee arthroplasty secondary to traumatic arthritis. There are no physical therapy notes the medical record. Utilization review indicates the injured worker received 27 physical therapy treatments. There are no physical therapy progress notes and, as a result, there is no documentation demonstrating objective functional improvement. Subjectively, there is ongoing left knee pain, but states his knee is better. Examination shows extension is -2 and flexion 95. The treatment plan states the injured worker should be able to return to his usual and customary occupation for his knee. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy left knee three times per week times three weeks is not medically necessary.