

Case Number:	CM15-0203152		
Date Assigned:	10/19/2015	Date of Injury:	08/15/1974
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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 76 year old male who sustained an industrial injury on 08-15-1974. According to a report dated 07-16-2015, the injured worker's right knee was still bothering him, primarily along the lateral joint line a patellofemoral region. It was getting to the point where he had difficulty walking and standing. The provider noted that he probably needed to consider knee revision. The provider noted that new x-rays of the right knee would be obtained. If the x-rays showed significant change or loosening, a revision of the knee would be considered if needed. An x-ray of the right knee performed on 09-17-2015 showed "nothing acute" and stable total knee arthroplasty without evidence of complication. According to a physical therapy evaluation dated 09-22-2015. The injured worker was initiating physical therapy to establish a pre-surgical exercise program prior to his knee right knee surgery-total knee replacement. Diagnoses included osteoarthritis right knee status post previous right knee. The injured worker reported "left lateral distal thigh and knee joint region." He stated that he was improved since his last treatment on 07-07-2014. Objective findings included moderate right knee swelling. Active range of motion was noted as 0-100 degrees. Strength with knee flexion and extension was 3 out of 5 on the right and 4 minus out of 5 on the left. Right lateral and distal quadriceps regions appeared to demonstrate increased soft tissue tension. A reduced gait base and overall stride was demonstrated. He was unable to negotiate uneven surface for prolonged periods. The provider noted that the injured worker was preparing for a redo of his right total knee replacement and that he exhibited limitations in range of motion, strength, activities of daily living, ambulation, balance and endurance. The injured worker was initiating 12 treatments for pre-surgical training. On 10-01-2015, Utilization Review non-certified the request for physical therapy 2 times a week for 6 weeks bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and 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 rationale: The patient presents with complaints of right knee pain causing difficulty with walking and standing. The clinical history notes the patient has had five knee replacement surgeries. The current request is for 12 sessions of physical therapy for bilateral knees. Neither the request for authorization nor the accompanying treatment report were provided in the clinical history. However, the treating physician states in the treating report dated 9/22/15 (4C), "he is initiating PT to establish a presurgical exercise program prior to his next (R) knee surgery/TKR." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state to 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 contradictory information in the reports presented to indicate that the patient has suffered a new injury and again there is contradictory information pertaining to the potential need for an additional revision surgery. There is no clear substantiating clinical history that demonstrates a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.