

Case Number:	CM15-0205547		
Date Assigned:	10/22/2015	Date of Injury:	08/06/2003
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 was a 53 year old female, who sustained an industrial injury, August 6, 2003. The injured worker was undergoing treatment for infection and inflammatory reaction due to internal joint prosthesis, recurrent bacterial infection, left knee pain, left knee incision and drainage and left knee replacement in March 2014. According to progress note of September 25, 2015, the injured worker's chief complaint was left knee pain with tightness and warmth and left ankle pain. The injured worker had numerous surgeries on the left knee, last being an incision and drainage on March 24, 2014. The injured worker has increased left knee pain, swelling, warmth and stiffness over the last few months. The physical exam noted left knee effusion, particularly at the lateral; aspect of the knee. There was exquisite tenderness with direct palpation along the lateral tibial component. The range of motion was 25-45 degrees with firm endpoints. There was no excessive varus or valgus instability. The knee was warm to the touch when compared to the contralateral knee. According to the progress note of September 25, 2015, the injured worker had no prior physical therapy for the left knee after surgery was performed March 24, 2014. The injured worker previously received the following treatments Cam walker, Norco, single point cane, Gabapentin, Celebrex, and antibiotics post-surgery for MRSA. The RFA (request for authorization) dated October 6, 2015; the following treatments were requested physical therapy three times a week for four weeks for adhesive capsulitis. The UR (utilization review board) denied certification on October 13, 2015; for physical therapy for 3 times a week for 4 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:

Physical therapy 3 times a week for 4 weeks left knee: Upheld

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

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 three times per week times four weeks to the left knee 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post left knee I&D and right total knee arthroplasty. Date of injury is August 6, 2003. Request for authorization is October 6, 2015. The documentation indicates the injured worker has a long history with multiple surgeries involving the left knee. According to an April 13, 2014 physical therapy note, the injured worker received physical therapy. The photocopy quality is poor and unreadable, but this was a physical therapy note. According to a September 25, 2015 progress note, subjective complaints include ongoing left knee pain with tightness and warmth. The injured worker underwent I&D and left total knee arthroplasty March 24, 2014. The documentation states there has been no follow-up with the surgeon. The injured worker was recently authorized for a bone scan and laboratories. Objectively, there is an effusion present with decreased range of motion 25 to 45. The documentation repeatedly states the injured worker denies physical therapy since the knee replacement. The documentation contains conflicting evidence of physical therapy. As noted above, there is an illegible, poor photocopied physical therapy note. The injured worker however, denies PT in its entirety since the left knee replacement. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement. Additionally, it is unclear whether the treating provider has completed working the patient up for infection based on the presence of warmth, redness and effusion with authorization for a bone scan and laboratory testing. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating total number of physical therapy sessions to date and no documentation demonstrating objective functional improvement, physical therapy three times per week times four weeks to the left knee is not medically necessary.