

Case Number:	CM15-0209448		
Date Assigned:	10/29/2015	Date of Injury:	02/04/2012
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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 45 year old female, who sustained an industrial injury on 2-4-12. She reported left knee pain. The injured worker was diagnosed as having knee osteoarthritis. Treatment to date has included left total knee arthroplasty on 5-15-15 and the use of a walker. On 5-20-15, the injured worker was status post left knee total knee replacement. The treating physician requested authorization for physical therapy for the left knee x12. On 9-29-15 the request was non-certified by utilization review.

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 (12-sessions, 3 times a week for 4-weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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, 18 sessions physical therapy to the right 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 replacement on May 4, 2015. Date of injury is February 4, 2012. Request for authorization is September 22, 2015. The most recent progress note from the requesting provider is dated May 20, 2015. This is a surgical progress note. There are no contemporary clinical progress notes in the medical record on or about the date of request for authorization September 22, 2015. The utilization review indicates the injured worker received 30 postoperative physical therapy sessions. The guidelines recommend 24 physical therapy sessions over 10 weeks for total knee replacement. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Moreover, there are no contemporaneous clinical progress notes in the medical record on or about the date of request for authorization. The injured worker underwent 30 physical therapy sessions and should be well versed in the exercises performed during physical therapy to engage in a home exercise program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated and no contemporaneous clinical documentation with a clinical indication or rationale for additional physical therapy, 18 sessions physical therapy to the right knee is not medically necessary.