

Case Number:	CM15-0021418		
Date Assigned:	02/10/2015	Date of Injury:	12/08/2011
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/04/2015

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:

This 55-year-old male reported a work-related injury on 12/8/2011. According to the progress report from the treating provider dated 1/8/2015, the injured worker reports left knee aching pain rated at a 6/10 level. The diagnosis is status post left total knee replacement revision. The physical therapy discharge notes indicate that not all of the goals of therapy were met. Previous treatments include medications, physical therapy and surgery. The treating provider requests 12 sessions of physical therapy for the left knee. The Utilization Review on 01/22/2015 modified the request to six (6) sessions of physical therapy for the left knee, citing CA MTUS Post Surgical Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 12 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 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 diagnoses are stable left total knee replacement revision with persistent postoperative pain. Initially, the treating physician was authorized for 6 physical therapy visits. An additional 12 physical therapy visits were authorized. A progress note dated January 12, 2015 indicated 17 physical therapy sessions were completed (to date). The guidelines recommend 24 physical therapy sessions for this surgical procedure. However, when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The documentation does not contain compelling clinical facts/exceptional factors to warrant additional physical therapy (over and above 24 sessions). Consequently, absent compelling clinical documentation and guideline recommendations, and additional 12 physical therapy sessions to the left knee are not medically necessary.