

Case Number:	CM15-0022039		
Date Assigned:	02/11/2015	Date of Injury:	09/03/1998
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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

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 65-year-old male who reported an injury on 09/03/1998. The mechanism of injury was not provided. The injured worker was noted to undergo multiple orthopedic surgeries. The documentation indicated the injured worker was to be scheduled for a total knee arthroplasty and would be having postoperative therapy. The documentation of 01/15/2015 revealed the injured worker had undergone a left shoulder replacement. The injured worker was noted to have a yet unsettled therapy program to optimize left knee function before knee replacement surgery. The injured worker had significant atrophy of the knee and strengthening and conditioning was advised to precede the knee replacement surgery. The physical exam revealed the left knee lacked 10 degrees of extension and flexed to 118 degrees. The injured worker had marked crepitus with motion of the medial joint. The injured worker had significant left quadriceps atrophy. The treatment and discussion plan indicated the injured worker had been approved for 10 preoperative visits of therapy and the physician opined this would not be enough and that only 10 visits of therapy could undo the cumulative benefit that therapy could provide. As such, a request was made for continuous therapy for 20 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Pre-op physical therapy (PT) times 10 sessions to left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; Section: Knee & Leg (Acute & Chronic) (updated 10/27 /2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that physical medicine treatment is appropriate for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker was to undergo surgical intervention. As such, preoperative therapy would not be necessary. There was a lack of documentation after the initial 10 visits to support the injured worker had remaining functional deficits or remaining atrophy. The requested dates of service were not provided. Given the above, the request for additional preop physical therapy (PT) times 10 sessions to left knee is not medically necessary.