MAXIMUS Federal Services

Case Number:	CM15-0024851		
Date Assigned:	02/17/2015	Date of Injury:	09/16/1999
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 64-year-old female, with a reported date of injury of 09/16/1999. The diagnoses include advanced tricompartmental osteoarthritis of the left knee with varus deformity. Treatments have included physical therapy, a walker, an AFO brace, and left total knee arthroplasty on 10/20/2014. The progress report dated 12/18/2014 indicates that the injured worker had a left total knee arthroplasty eight weeks prior. Her postoperative course was complicated by peroneal nerve palsy. The injured worker had been wearing an AFO brace, but she has had no return to function. She attended physical therapy with overall improvement in her left knee function. The physical examination showed near full extension with flexion of the left knee, a healed surgical incision, minimal effusion, a stable knee, and normal sensation over the dorsum of the left foot. The treating physician requested physical therapy for the left knee to obtain full extension of the left knee and flexion to 120 degrees. On 01/12/2015, Utilization Review (UR) denied the request for physical therapy three times a week for five weeks for the left knee. The UR physician noted that there was no documentation with evidence of the specific total number of physical therapy visits to date. The MTUS Postsurgical Rehabilitation Guidelines were cited.

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 5 weeks 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 rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months The California MTUS does recommend physical therapy as a treatment option for chronic pain. The patient had recently undergone total knee arthroplasty. The patient has also completed an unspecified amount of physical therapy post surgery. Without clear documentation on the number of physical therapy sessiosn completed, it cannot be determined if the request for additional therapy would be in excess of the guidelines as cited above. Therefore the request cannot be certified.