

Case Number:	CM15-0025136		
Date Assigned:	02/17/2015	Date of Injury:	09/28/2011
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
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: 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 62-year-old female, with a reported date of injury of 09/28/2011. The diagnoses include left knee stiffness and pain. Treatments have included physical therapy. The progress report dated 11/20/2014 was a poor copy, handwritten, and partially illegible. The report indicated that the injured worker was status post revision left total knee arthroscopy. She had persistent pain. The physical examination showed left knee range of motion at 0-90 degrees. The treating physician requested physical therapy for the left knee 2-3 times a week for 4-6 weeks. On 01/23/2015, Utilization Review (UR) denied the request for eighteen physical therapy sessions for the left knee, noting that the injured worker had limited motion due to adhesions and full extension. The non-MTUS Official Disability 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 for the left knee; 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

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

Decision rationale: The patient presents with bilateral knee pain, as per progress report dated 06/18/14. The request is for PHYSICAL THERPAY FOR THE LEFT KNEE; 18 SESSIONS. The RFA for this case is dated 01/09/15, and the patient's date of injury is 09/28/11. The patient has undergone multiple left knee surgeries including a total knee arthroplasty revision on 07/16/12 and arthroscopy on 04/12/12, as per progress report dated 06/18/14. Diagnoses, as per AME report dated 11/17/14, include internal derangement of the right knee. The progress reports do not document the patient's work status, and the condition has been determined as permanent and stationary, as per the AME report. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, only one progress report and an AME report are available for review. The patient is status post total knee arthroplasty revision on 07/16/12 and is not within the post-operative time frame. The treater does not discuss the purpose of the current request, although the AME report states that she may require occasional short courses of physical therapy for flare-ups. None of the progress reports document prior physical therapy. The UR denial letter states that the patient has had physical therapy and home exercise, but does not document the number of sessions as such. The reports lack the documentation required to make a determination. Additionally, MTUS only allows for 8-10 sessions of PT in non-operative cases. Hence, the request for 18 sessions IS NOT medically necessary.