

Case Number:	CM15-0032542		
Date Assigned:	02/26/2015	Date of Injury:	06/17/2008
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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 48-year-old male who reported an injury on 06/17/2008. The mechanism of injury was unspecified. His diagnoses include joint effusion of the lower leg and joint pain in the lower leg. The injured worker was noted to have undergone a left knee total knee arthroplasty over 11 months ago. A physical examination of the knee revealed range of motion with flexion at 0 degrees and extension at 100 degrees. There was also maximal tenderness with decreased flexibility, intact sensation, and normal deep tendon reflexes. A left knee x-ray performed on 12/18/2014 indicated that hardware was intact with acceptable alignment. The treatment plan included physical therapy twice a week for 6 weeks for patellar mobilization, manual therapy, range of motion and strengthening. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, physical medicine for patients with neuralgia, neuritis, and radiculitis is allotted 8 to 10 sessions over 4 weeks. The injured worker was indicated to have undergone a total left knee replacement over 11 months ago. There was also documentation to indicate the injured worker had previous physical therapy sessions. However, there was lack of documentation in regard to objective functional improvement with the completed physical therapy sessions for review. Furthermore, the request as submitted would exceed the number of sessions recommended by the postoperative guidelines within the timeframe of 4 months for a total knee arthroplasty. In addition, the request as submitted would also exceed the number of sessions recommended by the physical medicine guidelines for treatment. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.