

Case Number:	CM15-0034656		
Date Assigned:	03/03/2015	Date of Injury:	04/06/2010
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker is a male, who sustained an industrial injury on 4/6/2010. Details of the initial injury and prior treatment were not submitted for this review. The diagnoses have included bilateral knee joint replacement, lumbar sprain/strain and chronic pain syndrome. Currently, the IW complains of back and knee pain rated 10/10 VAS associated with numbness, burning, and increased with ambulation. The provider documented left knee surgery 3/28/14 and right knee surgery 8/22/14 with six (6) total post operative physical therapy sessions completed. Back pain is noted to radiate to right lower extremity. The physical examination from 1/7/15 documented new radicular symptoms, tenderness with palpation, painful decreased Range of Motion (ROM) by 50%, and decreased sensation over left thigh. The plan of care included orthopedic follow up, continued physical therapy, request for Magnetic Resonance Imaging (MRI) of lumbosacral spine, and medications. On 2/10/2015 Utilization Review non-certified eight (8) additional physical therapy sessions, twice a week for four weeks, for the right knee, noting the documentation did not support medical necessity per the MTUS Guidelines. On 2/24/2015, the injured worker submitted an application for IMR for review of eight (8) additional physical therapy sessions, twice a week for four weeks, for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x 4 for Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Guidelines state that physical therapy should be decreased while active self directed home physical therapy increases. In this case, the patient's injury is chronic and the physical therapy should have been completed at this point. The medical documentation does not describe the effectiveness of previous physical therapy sessions and there is no reason for the extension of physical therapy. Clinical records do not indicate functional improvement or why additional sessions are needed. Thus, the request for physical therapy 2 x 4 is not medically necessary and appropriate.