

Case Number:	CM15-0037224		
Date Assigned:	03/05/2015	Date of Injury:	02/03/2003
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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 73-year-old male who sustained an industrial injury on 02/03/2003. Current diagnosis includes degenerative joint disease. Previous treatments included medication management, right total knee arthroplasty on 09/17/2014, physical therapy, and home exercise program. Report dated 03/04/2015 noted that the injured worker presented with complaints that included post operative knee pain is subsiding. Physical examination was positive for abnormal findings. Utilization review performed on 02/09/2015 non-certified a prescription for additional physical therapy times 12 sessions for the right knee, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times 12 sessions for the 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, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The 2/9/15 Utilization Review letter states the additional physical therapy times 12 sessions for the right knee requested on the 1/06/15 medical report was denied because the patient completed a course of PT and there were no documented deficits that cannot be addressed within the context of an independent home exercise program. The 1/6/15 medical report was not provided for this review. The patient underwent right knee TKA on 9/17/14. According to the 3/4/15 orthopedic report, the patient is trying to do an exercise program at home. He is riding a bicycle. Knee motion is 4-118 on the right and 5-130 left. 2/4/15 x-ray shows well aligned TKA. He is not coming out of terminal extension on gait cycle. The physician states additional PT was denied. The patient required the formal therapy to help regain terminal extension and additional flexion. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. MTUS 9792.24. 3. Postsurgical Treatment Guidelines, subsection (c) 3 states: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The MTUS Postsurgical Treatment Guidelines For Arthritis (Arthropathy, unspecified) (ICD9 716.9), states the general course of care for the Postsurgical treatment, arthroplasty, knee is 24 visits over 10 weeks; and the Postsurgical physical medicine treatment period is 4 months. Unfortunately, the patient was denied postsurgical physical therapy sessions in the postsurgical physical medicine treatment period that may have further improved the knee ROM. The Postsurgical physical medicine treatment timeframe from the 9/17/14 knee TKA ended on 1/17/15. The MTUS Chronic Pain Medical Treatment Guidelines apply. MTUS recommends 8-10 sessions of PT for various myalgias and neuralgias. The request for 12 sessions of PT will exceed the MTUS recommendations. The request for additional physical therapy times 12 sessions for the right knee IS NOT medically necessary.