

Case Number:	CM15-0042395		
Date Assigned:	03/12/2015	Date of Injury:	08/04/2011
Decision Date:	05/12/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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, Pain Management

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 (IW) is a 56-year-old male who sustained a right knee industrial injury on 08/04/2011. Diagnoses include status post right total knee arthroplasty with residual right lower extremity weakness. Treatment to date has included medications, bracing, right knee arthroscopy and subsequent total knee replacement, injections and physical therapy. Diagnostics performed to date included x-rays, MRA and MRIs. According to the progress notes dated 1/13/15, the IW reported persistent weakness and mild pain in the right knee with complaints of pain in the right shoulder, right elbow and low back which was exacerbated by using a cane since the right total knee arthroplasty (RTKA). He had fallen more than once since the TKA. A request was made for physical therapy, twice weekly for 6 weeks for the right knee for continued strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly, right knee #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The patient had knee surgery in the remote past and had PT following that surgery. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. A review of the submitted documentation fails to reveal the details of any of the aforementioned points which would be critical in order to authorize additional therapy. Therefore additional physical therapy is not medically necessary.