

Case Number:	CM15-0052415		
Date Assigned:	04/15/2015	Date of Injury:	09/30/2011
Decision Date:	05/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 30, 2011. In a Utilization Review report dated February 12, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. An RFA form received on February 5, 2015 was referenced in the determination. The claims administrator referenced the MTUS Chronic Pain Medical Treatment Guidelines. It was acknowledged that the applicant had undergone a total knee arthroplasty revision at an unspecified point in time. The applicant's attorney subsequently appealed. On February 24, 2015, the applicant reported ongoing complaints of knee pain. The applicant was placed off of work, on total temporary disability. The applicant had reportedly transitioned to home exercises, it was acknowledged. The applicant exhibited -9 to 95 degrees of knee range of motion. The attending provider stated that he was withdrawing his request for additional physical therapy on the grounds that the applicant had transitioned to home exercises. The applicant had apparently undergone a total knee arthroplasty revision procedure on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 2x4 for the left 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.

Decision rationale: No, the request for additional physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier knee arthroplasty revision surgery on June 9, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the treating provider himself acknowledged on February 24, 2015 that the applicant had, in effect, transitioned to home exercises of his own accord, effectively obviating the need for further physical therapy. The attending provider had also seemingly suggested that the applicant had plateaued in terms of functional improvement on or around that date. Therefore, the request for additional physical therapy was not medically necessary.