MAXIMUS Federal Services

Case Number:	CM15-0059937		
Date Assigned:	04/06/2015	Date of Injury:	01/04/2011
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56-year-old male, with a reported date of injury of 01/04/2011. The diagnoses include left knee multiple meniscus tears, status post left knee arthroscopies, left knee post-traumatic osteoarthritis, status post left total knee replacement, residual painful and unstable left total knee, and status post left knee total knee arthroplasty with residual. Treatments to date have included an x-rays of the left knee, a computerized tomography (CT) scan of the left knee, physical therapy, Norco, Diclofenac, and a cane. The progress report dated 02/16/2015 indicates that the injured worker complained of cervical spine, lumbar spine, and left knee pain. He rated the left knee pain 8 out of 10, and reported that it was frequent and the same. The physical examination showed tenderness, crepitus on passive range of motion, and mild effusion. The treating physician requested physical therapy for the left knee to increase functionality and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are left knee multiple meniscus tears status post arthroscopies; left knee posttraumatic osteoarthritis status post total knee replacement; residual painful, unstable left total knee; compensatory right knee chronic strain; compensatory lumbar and wrist strain; multiple non-orthopedic issues; compensatory right wrist strain; compensatory lumbar strain; status post left knee total knee arthroplasty with residuals. The documentation shows the injured worker receives physical therapy in 2011 to the left knee. The injured worker had an MRI in 2011, left knee arthroscopy/medial meniscectomy in March 2011 and in June 2011. The injured worker received hyaluronic acid injections to the left knee in 2011. The injured worker had a left knee replacement August 21, 2012. The worker received a cortisone injection April 2014 and the aspiration of the knee for an MR arthrogram approved August 22, 2014. 12 visits of physical therapy were approved on February 13, 2015. In a progress note dated February 16, 2015 (three days after 12 sessions of physical therapy were proved on February 13), the treating provider requests an additional 12 physical therapy sessions. It is unclear whether the treating physician was aware of the prior 12 visits authorized three days prior. There is no clinical indication or rationale for an additional 12 sessions requested on February 16, 2015. Consequently, absent compelling clinical documentation with a clinical indication and rationale for 12 physical therapy sessions on February 16, 2015, physical therapy two times per week times six weeks to the left knee is not medically necessary.