

Case Number:	CM15-0080912		
Date Assigned:	05/01/2015	Date of Injury:	06/05/2001
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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, 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 is a 67 year old female, who sustained an industrial injury on 6/05/2001. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include advanced degenerative joint disease. She is status post right knee replacement in May 16, 2014. Treatments to date include medication therapy, home exercise, and she had completed approximately eighteen physical therapy visits. Currently, she complained of decreased strength in the right lower extremity. On 4/8/15, the physical examination documented one and a half grade of muscle weakness to resistance with flexion and extension. The plan of care included an additional eight physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. Additionally, the post-op guidelines of the CA MTUS state: "Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months." This injury has a remote initial onset date from 2001, and the patient had total knee arthroplasty in May 2014. There is no comprehensive summary of what functional benefit the worker gained from PT. A progress note from September 2014 indicates that 18 PT sessions were attended to date. The present request for 8 additional sessions would be in excess of guidelines, and unfortunately the IMR process cannot modify requests. Therefore additional physical therapy is not medically necessary.