

Case Number:	CM15-0081431		
Date Assigned:	05/04/2015	Date of Injury:	05/01/2004
Decision Date:	06/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on 05/01/2004. On provider visit dated 12/01/2014 the injured worker has reported knee symptoms. On examination the injured workers gait was noted as antalgic. The left knee was noted as having tenderness over the joint line. Range of motion was decreased. The diagnoses have included left knee traumatic arthritis. Treatment to date has included a plan for left total knee replacement. The provider requested continuation of physical therapy for the left knee, twice weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of physical therapy for the left knee, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Physical Medicine, page(s) 132-133. Requests for continuing/repeat PT: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of

treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had 24 sessions of physical therapy (the recommended number of treatments when postoperative from a total knee arthroplasty), but now his physician is requesting an additional 12 sessions. The guidelines recommend continuation of therapy via a home exercise program. The patient has already completed the recommended number of therapy sessions. Likewise, this request is not medically necessary.