

Case Number:	CM15-0085771		
Date Assigned:	05/07/2015	Date of Injury:	02/03/2003
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina, Georgia
 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 is a 73 year old male who sustained a work related injury February 3, 2003. Past history included s/p right total knee arthroplasty September 17, 2014 with readmission for pneumonia, left shoulder arthroscopic surgery 2012, s/p carpal tunnel decompression, atrial flutter with ablation 2012, hypertensive heart disease, COPD (chronic obstructive pulmonary disease), congestive heart failure, diabetes mellitus, peptic ulcer disease, and renal insufficiency. According to a primary treating physician's progress report, dated November 3, 2014, the injured worker is ambulating well without assistance. The right knee is stable and range of motion is 10 degrees through 117 degrees (pre-operative 4 degrees to 118 degrees and left knee 5 degrees to 130 degrees). Diagnosis is documented as degenerative joint disease knee. There are no further records present for review. At issue, is the request for physical therapy 3 times a week for 3 weeks, total knee program for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week For 3 Weeks, Total Knee Program For The Right Knee:
 Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Medicine.

Decision rationale: Physical therapy is indicated for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: 24 physical therapy sessions are indicated after total knee arthroplasty. In this case, the claimant has completed 27 sessions already and additional 9 sessions are not medically indicated as the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for additional physical therapy sessions is denied. Therefore, the requested treatment is not medically necessary.