MAXIMUS Federal Services

Case Number:	CM15-0086863		
Date Assigned:	05/11/2015	Date of Injury:	07/24/1998
Decision Date:	06/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/06/2015

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, Florida, 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 injured worker is a 58-year-old male who sustained an industrial injury on 7/24/1998. His diagnoses, and/or impressions, are noted to include: end-stage left knee valgus osteo-arthropathy; morbid obesity; localized osteoarthrosis, primary vs secondary, to the lower leg; lower leg joint pain; spondylosis and allied disorders; and primary osteoarthrosis of the lower leg. No current imaging studies or x-rays are noted. His treatments have included surgery; physical therapy; use of a brace; a weight reduction diet and gastric bypass surgery; and medication management with urine toxicology screenings. Progress notes of 1/21/2015 reported deformity, stiffness and the inability to bear weight on his left knee. Objective findings were noted to include that he appeared very anxious about undergoing left total knee replacement; an inability to bear any prolonged weight, squat, kneel or climb with the left knee; a 2-3+ effusion; marked valgus deformity; decreased extension; significant crepitance throughout range of motion; and an antalgic gait with an intact brace. The physician's requests for treatments were noted to include additional post-operative, outpatient physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy of the left knee, three times a week for four to six weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: This claimant was injured back in 1998. There was end stage degenerative knee disease and morbid obesity. There is postoperative stiffness. The notes from 1-21-14 mention knee replacement. It appears the surgical request however was denied. The request is for postoperative physical therapy to the left knee, three times a week for four to six weeks. The accompanying knee surgery request had reportedly not been authorized. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. In this case, the therapy was intended to be postoperative. In this case, the accompanying surgery was reportedly not certified, so there simply would be no logical need for postoperative therapy. This request for more skilled, monitored therapy was appropriately not medically necessary.