

Case Number:	CM15-0089419		
Date Assigned:	05/13/2015	Date of Injury:	09/03/2012
Decision Date:	06/30/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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: Arizona, Texas
 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 64 year old female, who sustained an industrial injury on 9/3/12. The injured worker has complaints of left knee pain due to altered gait from right knee. The documentation noted that eh injured workers right knee incision is healed, range of motion is 5 to 100 degrees and left knee has limited range of motion with crepitus and joint line tenderness. The diagnoses have included unspecified internal derangement of knee. Treatment to date has included right total knee arthroplasty on 10/3/14 and physical therapy. The request was for physical therapy for the right knee, twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right knee, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and

to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has had previous therapy for the complaint of knee pain s/p arthroscopic surgery in 10/14. The documentation doesn't support that the patient has had a recurrent injury to the knee or an exacerbation of pain. The patient should be able to participate in a home exercise program given the fact that post-operatively the patient has had therapy in excess of the recommendation of the MTUS. The need for more therapy sessions is not supported by the documentation. Therefore, the requested treatment is not medically necessary.