

Case Number:	CM15-0089458		
Date Assigned:	05/13/2015	Date of Injury:	10/28/1988
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
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: Texas, New York, 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 applicant is a represented 62-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 28, 1988. In a Utilization Review report dated April 14, 2015, the claims administrator partially approved a request for 'home physical therapy, right knee' in unspecified amounts as a two-session course of the same. The claims administrator referenced a March 31, 2015 operative report in its determination. The applicant's attorney subsequently appealed. On April 28, 2015, the attending provider stated that the applicant would remain off work, on total temporary disability, for at least three months following the knee surgery. The applicant was on Norco, Lovenox, tramadol, Ambien, Colace, Keflex, and aspirin, it was reported. It was not clear when the applicant's medication list was lastly updated. The applicant was described as severely obese, with a BMI of 40, it was incidentally noted. Multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy right knee (unspecified frequency and duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Postsurgical Treatment Guidelines.

Decision rationale: No, the request for 'home physical therapy-right knee' of unspecified treatments in duration was not medically necessary, medically appropriate, or indicated here. While the Postsurgical Treatment Guidelines in MTUS 9792.24.3 do support a general course of 24 sessions of treatment following a total knee arthroplasty procedure, as seemingly transpired here on March 31, 2015, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.a2 to the effect that an initial course of therapy represents one half of the general course of therapy for the specified surgery. Here, the request for physical therapy in unspecified amounts, quantity, and duration, thus, is at odds with both the Postsurgical Treatment Guidelines in Section 9792.24.3.a2 and with the MTUS Guidelines in ACOEM Chapter 3, page 48, which notes that the value of physical therapy increases with a prescription for therapy, which "clearly states treatment goals." Here, the ambiguously ordered request, by definition, did not clearly state treatment goals. Therefore, the request was not medically necessary.