

Case Number:	CM15-0096914		
Date Assigned:	05/27/2015	Date of Injury:	02/03/2014
Decision Date:	07/07/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/19/2015

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: California, Indiana, New York
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 02/03/2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated 10/03/2014 the injured worker has reported left knee pain. On examination, the total knee arthroplasty incision from 09/15/2014 was noted to be well healed. The diagnoses have included left knee osteoarthritis. Treatment to date has included physical therapy. The provider requested physical therapy 2 times a week for 6 weeks to 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 2 times a week for 6 weeks to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for six weeks to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left knee OA. Medical record contains 11 pages. The date of injury is February 3, 2014. Request for authorization is dated April 9, 2015. Progress note documentation discusses the left knee. In a progress note dated November 5, 2014, the documentation indicates the injured worker underwent a left total knee September 15, 2014. Physical therapy, according to an October 27, 2014 progress note, was directed to the left knee. There is no clinical indication or rationale for physical therapy directed to the right knee in the 11 page medical record. Consequently, absent clinical documentation for the clinical indication and rationale for physical therapy to the right knee, physical therapy two times per week for six weeks to the right knee is not medically necessary.