

Case Number:	CM15-0238765		
Date Assigned:	12/15/2015	Date of Injury:	10/01/2012
Decision Date:	01/21/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 10-1-12. The injured worker was diagnosed as having left knee lateral meniscus tear, left knee medial meniscus tear, left knee severe osteoarthopathy, and left knee chondromalacia patella. Treatment to date has included a Cortisone injection to the left knee, home exercise, and medication including Hydrocodone. The treatment plan included left total knee arthroplasty. Physical exam findings on 10-27-15 included left knee range of motion from 0-100 degrees. Pain was noted in the patellofemoral joint with motion. Lachman's, anterior drawer, and posterior drawer's tests were negative. Tenderness in the medial and lateral left knee joint lines was noted. Crepitance with range of motion was noted. On 10-27-15, the treating physician noted "medication at current dosing facilitates maintenance of activities of daily living with examples provided including light household duties, shopping for groceries, grooming, and cooking." On 10-27-15, the injured worker complained of left knee pain rated as 7 of 10. On 10-30-15, the treating physician requested authorization for post-operative physical therapy for the left knee 3x6. On 11-5-15, the request was modified to certify a quantity of 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy (PT) to the left knee three (3) times a week for six (6) weeks:

Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Physical Medicine treatment.

Decision rationale: The patient presents on 10/27/15 with left knee pain rated 7/10, left shoulder pain rated 5/10, cervical spine pain rated 5/10 with bilateral upper extremity symptoms. The patient's date of injury is 10/01/12. Per progress noted 10/27/15, the patient is approved for a total left knee arthroplasty. The request is for post-op physical therapy (pt) to the left knee three (3) times a week for six (6) weeks. The RFA is dated 10/27/15. Physical examination dated 10/27/15 reveals tenderness to palpation of the medial and lateral joint lines of the left knee, pain with motion of the left knee, range of motion 0-100 degrees with crepitus noted. The patient is currently prescribed Hydrocodone and Flexeril. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Physical Medicine section, pages 98-99 states: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." ODG Knee and Leg chapter, under Physical Medicine treatment has the following regarding post-operative PT: "Arthritis (Arthropathy, unspecified): Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks." In regard to the 18 sessions of post-operative physical therapy, the request is appropriate. The most recent progress note provided, dated 10/27/15, indicates that this is a prospective request, as the patient is currently approved to undergo total left knee arthroplasty. Utilization review non-certified the request on grounds that only 12 sessions of post-operative physical therapy were indicated for this procedure. However, ODG allows for up to 24 sessions for patients who are status post knee arthroplasty. The request for 18 sessions falls within these recommendations and is an appropriate measure. Therefore, the request is medically necessary.