

Case Number:	CM14-0121525		
Date Assigned:	09/16/2014	Date of Injury:	01/19/2011
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 67 year old female who sustained a work injury on 1-19-11. The claimant is status post TKR on 3-8-13 and on 5-7-14, the claimant underwent MUA to the left knee. Office visit on 8-22-14 notes the claimant reported worsening left L5-S1 joint pain. The claimant was status post 3.5 months post left knee manipulation under anesthesia as well as extensive debridement and arthroscopic lateral retinacular release. The claimant has completed 16 postop physical therapy visits and has made good progress. Due to her antalgic gait she has had worsening of pain in her sacroiliac joint area along her iliotibial band. On exam, range of motion left knee 0-119 degrees, right knee 0-120 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 6 visits - left knee: Upheld

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

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)

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes 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 claimant had been provided 16 physical therapy sessions post MUA which was performed in May 2014. There is an absence in documentation noting that this claimant cannot perform a home exercise program. On exam, she has minimal range of motion deficits. At this juncture, over 5 months post MUA, the claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. Therefore, the medical necessity of the request is not established.