

Case Number:	CM14-0183819		
Date Assigned:	11/10/2014	Date of Injury:	10/03/2012
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 Board Certified Orthopedic Surgeon, Fellowship Trained in Adult Reconstruction Surgery and is licensed to practice in Pennsylvania. 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:

The injured worker is a 57-year-old female who reported an injury on 10/03/2012. The mechanism of injury was not provided. She is diagnosed with bilateral knee contusions. Her past treatments included physical therapy and medications. No pertinent diagnostic studies were provided. Her surgical history was noted to include left arthroscopic knee surgery and left knee replacement, performed on 04/2014. On 11/04/2014, the injured worker reported that she was 7 months preop of her left total knee replacement. On physical examination of her left lower extremity, she was noted to have left foot/ankle weakness in dorsiflexion and extension, with 4/5 strength. Her current medications included Gabapentin 600 mg 3 times a day. The treatment plan included additional supervised physical therapy 2 times 4 weeks in order to restore her strength in her left lower extremity. A Request for Authorization was not submitted.

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 4 weeks to the 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 rationale: The request for physical therapy 2 times a week for 4 weeks to the left knee is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Additionally, the guidelines recommend 9 to 10 visits of physical therapy for unspecified myalgia and myositis. The clinical documentation does indicate that the injured worker did have functional gains from prior physical therapy. However, it does not clearly state how many physical therapy visits the patient has completed. Additionally, the clinical documentation provided indicated that the injured worker had an overall improvement of her condition. However, there is a lack of documentation demonstrating evidence of objective quantifiable improvements within the prior physical therapy visits. Due to the insufficient clinical information regarding her past physical therapy treatments, the request is not supported. As such, the request is not medically necessary.