

Case Number:	CM14-0213108		
Date Assigned:	12/30/2014	Date of Injury:	01/23/1998
Decision Date:	02/25/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 patient is status post left knee TKA, as per operative report dated 05/08/14. Based on the progress report dated 11/28/14, the patient complains of neck and back pain rated at 8-9/10. The patient also has right knee pain rated at 7/10 and hip pain rated at 7-8/10. She cannot stand for more than 15-20 minutes. Physical examination reveals tenderness in lumbar spine, cervical spine, and bilateral knees. There is joint line tenderness in the right knee and the straight leg raise is positive. The patient has received chiropractic treatment, as per progress report dated 06/09/14. The patient has also received acupuncture, as per at least three reports dated 08/19/14, 09/19/14 and 10/06/14. The patient is off work, as per progress report dated 11/28/14. Diagnoses, 11/28/14:- Cervical sprain/strain with myofascitis- Lumbar sprain/strain with myofascitis- Thoracic sprain/strain with myofascitisThe treater is requesting for 12 PHYSICAL THERAPY SESSIONS. The utilization review determination being challenged is dated 12/06/14. Treatment reports were provided from 05/08/14 - 11/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical; physical medicine Page(s): 24-25; 98-99.

Decision rationale: The patient is status post left knee TKA, as per operative report dated 05/08/14. The request is for 12 Physical Therapy sessions. Based on the progress report dated 11/28/14, the patient complains of neck and back pain rated at 8-9/10. The patient also has right knee pain rated at 7/10 and hip pain rated at 7-8/10. MTUS Guidelines, pages 24-25, recommend 24 visits of postsurgical treatment over 10 weeks for patients who have undergone knee arthroplasty. The postsurgical physical medicine treatment period is 4 months. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, most progress reports are handwritten and not very legible. The patient had undergone left knee arthroplasty on 05/08/14. She did receive some post-operative physical therapy, as indicated by therapy progress report dated 06/02/14. The report, however, does not indicate the number of sessions the patient has received. The UR letter, on the other hand, states that the patient has received 8 physical therapy sessions to the left knee after the surgery. The new request for 12 physical therapy sessions was made on 11/26/14, as per the Request for Authorization form. This is not within the post-operative time frame. MTUS guidelines allow for only 8-10 sessions in such cases. Hence, the treating physician's request for 12 sessions of physical therapy "to improve range of motion" is excessive. The request is not medically necessary.