

Case Number:	CM14-0217608		
Date Assigned:	01/07/2015	Date of Injury:	06/17/2012
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: Orthopedic Surgery, Sports 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 57-year-old male who reported an injury on 06/17/2012. The mechanism of injury was not provided. The clinical note dated 10/02/2014 noted the injured worker was status post right TKA and was progressing well with decreased pain. On examination, there was a well healed anterior incision and range of motion was 0 to 100. There was no instability and the patella tracked well. The diagnoses were internal derangement of the knee not otherwise specified to the right and joint derangement not elsewhere classified of the right shoulder. Prior therapy included surgery and physical therapy. The provider recommended physical therapy x12. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X12: 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.

Decision rationale: The request for PT x12 is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker had prior physical therapy sessions; however, the efficacy of those sessions was not provided. There was no information on the amount of physical therapy sessions the injured worker underwent previously. As such, medical necessity has not been established. The request for PT x12 is not medically necessary.