

Case Number:	CM15-0018972		
Date Assigned:	02/06/2015	Date of Injury:	07/24/2008
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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 male who sustained an industrial injury on 7/24/08. The injured worker reported symptoms in the left knee. The diagnoses included progressing slowly following left total knee replacement with atrophy and probably post-traumatic hammertoe left 2nd toe. Treatments to date include non-steroidal anti-inflammatory drugs, home exercise program and physical therapy. In a progress note dated 12/23/14 the treating provider reports the injured worker was with "continued improvement of his left knee but still stiffness and weakness. Pain with prolonged standing." On 1/6/15 Utilization Review non-certified the request for physical therapy twice a week for six weeks to the left knee modified to physical therapy twice a week for three weeks to the left knee. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The 64 year old male presents with stiffness, weakness and pain in the left knee, as per progress report dated 12/23/14. The request is for PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS TO THE LEFT KNEE. The RFA for this case is dated 12/29/14, and the patient's date of injury is 07/24/08. The patient is status post left total knee arthroplasty on 09/05/14, as per the operative report. The patient is off work, as per progress report dated 12/23/14. MTUS post-surgical guidelines on pages 24-25 recommend 24 sessions of post-operative physical therapy over a span of 10 weeks. The post-surgical 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, only one progress report has been provided for review. The patient is status post left total knee arthroplasty on 09/05/14. While the progress report dated 12/23/14 does not document the duration and extent of prior therapy, it states that during the home exercise program, the patient noticed some strain in the left second toe along with progressive deformity. The UR denial letter, however, states that the patient has received 27 sessions of PT post-operatively. Although it is evident that the patient has not transitioned to the home exercise program properly, the impact of prior PT on pain and function is not known. It is also not clear how more therapy will help. Since the patient has already received more than the 24 sessions recommended by MTUS in post-operative cases, the current request 12 sessions is excessive and IS NOT medically necessary.