

Case Number:	CM15-0113726		
Date Assigned:	06/22/2015	Date of Injury:	02/18/2008
Decision Date:	07/23/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 02/18/08. Initial complaints and diagnoses are not available. Treatments to date include left knee surgeries, injections, manipulations, and a left knee replacement, right shoulder surgery, physical therapy, and medications. Diagnostic studies include multiple MRIs, x-rays and MR Arthrogram of the knee left knee and right shoulder, the latest MR Arthrogram of the right shoulder on 09/30/12. Current complaints include right shoulder and left knee pain. Current diagnoses include left knee posttraumatic osteoarthritis, right shoulder rotator cuff syndrome, and compensatory right knee strain. In a progress note dated 004/05/15 the treating provider reports the plan of care as a urine drug screen, physical therapy to the left knee, and a MR Arthrogram of the right shoulder, as well as medications including Norco, Prilosec, Mobic, and topical Kera-Tek gel. The requested treatments include physical therapy.

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 6 weeks left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request is considered medically necessary. The patient had a total knee replacement in 2012 with subsequent physical therapy. Because of continued pain, the patient required a revision but it is unclear if the patient had physical therapy following this revision. According to MTUS guidelines, arthroplasty warrants 24 physical therapy sessions over 10 weeks. Therefore, the requested 12 sessions is considered medically necessary.