

Case Number:	CM15-0117347		
Date Assigned:	06/25/2015	Date of Injury:	06/22/2011
Decision Date:	07/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/17/2015

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:

This 47 year old male sustained an industrial injury to the back and right knee on 6/22/11. The injured worker underwent right total knee replacement on 11/10/14. The injured worker received postoperative physical therapy. The total number of postoperative physical therapy sessions was not clear. In a PR-2 dated 1/16/15, the physician noted that the injured worker had a history of multiple right knee surgeries with ligamentous reconstruction. During total knee replacement surgery, the injured worker had extensive scar tissue. The physician stated that he injured worker had not responded to postoperative physical therapy. The injured worker persisted with diffuse right knee stiffness and pain. The physician felt that the injured worker required manipulation under anesthesia. In a progress report dated 3/19/15, the injured worker presented with moderate stiffness and weakness in the right knee with a sense of instability. The physician recommended additional physical therapy. In a PR-2 dated 4/28/15, the injured worker complained of pain to the low back, bilateral hips, right knee and right wrist with numbness to the left leg and foot. Physical exam was remarkable for improved range of motion to the right knee with full extension and flexion. The injured worker had difficulty standing from a seated position and walked with a limp favoring the right leg. Current diagnoses included lumbar spine radiculitis with disc injury, bilateral hip internal derangement and leg pain. The physician stated that manipulation under anesthesia could be held for now as range of motion had improved. The treatment plan included continuing medications (Soma and Norco), a referral for dental care and physical therapy twice a week for six weeks for the right knee as he continued to improve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The patient's knee replacement was on 11/10/14, over 8 months ago; thereby, the Chronic Treatment Guidelines are applicable. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 12 sessions to the right knee is not medically necessary and appropriate.