

Case Number:	CM15-0118913		
Date Assigned:	06/29/2015	Date of Injury:	11/01/2005
Decision Date:	08/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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, Pain Management

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 71-year-old male who sustained an industrial injury on 11/01/2005. The injured worker was diagnosed with left knee osteoarthritis with valgus malalignment. The injured worker is status post right knee arthroplasty (no date documented). Treatment to date has included diagnostic testing, steroid injections, physical therapy, cane and medications. According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience left knee pain with knee giving out. Examination demonstrated an antalgic gait on the left with crepitus over the patellofemoral joint. There was varus malalignment to the left knee. The injured worker was scheduled for an authorized left total knee arthroplasty on May 14, 2015 and authorized for initial post-operative physical therapy sessions (12). Current medications were not documented. Treatment plan consists of the current request for physical therapy three times a week for four weeks to the left knee. Notes indicate that the patients postoperative physical therapy was stopped due to a myocardial infarction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week for 4 weeks (12 sessions) for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Online Version - Home Health Services.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is clear there was an intervening issue with the patient's myocardial infarction which interrupted the initial postoperative physical therapy. The patient recently underwent total knee arthroplasty, and had not yet completed an initial postoperative course of therapy prior to the myocardial infarction. As such, the currently requested physical therapy is medically necessary.