

Case Number:	CM15-0119137		
Date Assigned:	06/29/2015	Date of Injury:	05/07/2005
Decision Date:	07/28/2015	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

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 male, who sustained an industrial injury on 05/07/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right total knee arthroplasty revision, status post left knee arthroplasty, bilateral iliotibial band tendonitis, and right knee effusion. Treatment and diagnostic studies to date has included at least 18 sessions of physical therapy to the right knee with approximately 10 additional sessions to the bilateral knees, and at least 9 sessions of physical therapy to the lumbar spine with all of these sessions prior to 05/07/2015. The injured worker was also status post aspiration of fluid with Kenalog injection to the right knee, status post the above noted procedures, magnetic resonance imaging of the right knee, three phase bone scan, use of ice, medication regimen, and home exercise program. In a progress note dated 03/09/2015 the treating physician reports an improvement in right knee pain that is rated a 4 out of 10 with a 50% improvement status post aspiration with a cortisone injection. Examination reveals an antalgic gait with mild right side start up, mild, diffuse sinus tarsi syndrome to the right knee, mild effusion of the right knee, and mild tenderness on palpation of the right patellar tendon. Physical therapy progress report of the bilateral knees from 04/28/2015 noted that the injured worker had pain level to the bilateral knees was a 4 to 5 on a scale of 0 to 10 with little difficulty performing squatting and running. The treating physician requested additional physical therapy for the left knee including two retroactive sessions with a frequency of two times four, but the documentation did not indicate the specific reason for the requested therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the left knee (to include 2 retro) 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 having received at least 28 recent PT sessions. 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 Additional Physical Therapy for the left knee (to include 2 retro) 2x4 is not medically necessary and appropriate.