

Case Number:	CM15-0120273		
Date Assigned:	06/30/2015	Date of Injury:	02/15/2005
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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 68 year old male, who sustained an industrial injury on 02/15/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical radiculopathy at cervical six through seven, left tardy/cubital tunnel syndrome, degenerative disc disease of the lumbar spine, degenerative joint disease of the left knee, and left knee joint replacement performed on 01/09/2015. Treatment and diagnostic studies to date has included physical therapy, above noted procedure, medication regimen, and x-rays. In a progress note dated 06/05/2015 the treating physician reports weakness to the left lower extremity. Examination reveals edema and decreased range of motion to the affected leg. Physical therapy progress note from 06/04/2015 noted that the injured worker has had 29 sessions of physical therapy with the injured worker's progress noted to be good, but that the injured worker has moderate difficulty performing activities of daily living. The treating physician requested six sessions of physical therapy at three times a week for two weeks with the treating physician noting that the injured worker continues to have weakness to the left lower extremity along with the injured worker having a complicated recovery secondary to the injured worker's weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 6 sessions (3 times per week for 2 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: Regarding the request for PT, CA MTUS states that 24 visits over 10 weeks are recommended after knee arthroplasty, with a postsurgical physical medicine treatment period of 4 months. Within the documentation available for review, it appears that the patient has completed 29 PT sessions after surgery, which was approximately 5 months prior to the current request. It appears that the patient has had improvement overall with PT, although there is no clear indication of significant recent improvement to support additional therapy well beyond the recommendations of the guidelines rather than transition to an independent home exercise program to address any remaining deficits and/or consideration for another form of treatment to meet any remaining goals. In the absence of clarity regarding the above issues, the currently requested PT is not medically necessary.