

Case Number:	CM15-0121343		
Date Assigned:	07/02/2015	Date of Injury:	11/16/2005
Decision Date:	07/30/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/23/2015

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: Massachusetts

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 11/16/05. The initial diagnosis and symptoms experienced were not included. Treatment to date has included physical therapy, surgical intervention, medication and x-ray. Currently, the injured worker complains of left knee aching (especially at night) and swelling, weakness in his left leg and an altered gait. He is currently diagnosed with difficulty walking, joint replaced knee and osteoarthritis localized primary lower leg. A note dated 3/13/15 states the injured worker continues to experience pain in his left knee despite surgical intervention. He has engaged in physical therapy with improvement, per note dated 5/21/15. The following are being requested; durable medical equipment, biofeedback unit (purchase) and physical therapy for the left knee, 12 sessions, is sought to help provided continued improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) biofeedback unit (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter: Electromyographic biofeedback treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Electromyographic biofeedback treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2005 and continues to be treated for left knee pain. He underwent a left total knee replacement in November 2014 and completed 24 postoperative physical therapy treatment sessions. When seen, he was making slow progress. He was having pain with activity. There was decreased knee range of motion and medial and lateral joint line tenderness. There was decreased strength was quadriceps atrophy and ongoing edema. Electromyographic biofeedback is not recommended. Clinical improvement when compared with a conventional exercise program has not been demonstrated. The requested unit was not medically necessary.

Physical therapy for the left knee (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines Page(s): 24-25.

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 2005 and continues to be treated for left knee pain. He underwent a left total knee replacement in November 2014 and completed 24 postoperative physical therapy treatment sessions. When seen, he was making slow progress. He was having pain with activity. There was decreased knee range of motion and medial and lateral joint line tenderness. There was decreased strength was quadriceps atrophy and ongoing edema. Guidelines address the role of therapy after knee arthroplasty with a postsurgical physical medicine treatment period of 6 months and up to 24 physical therapy visits over 10 weeks. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative physical therapy consistent with that recommended following this procedure. Providing the number of additional skilled physical therapy services being requested would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.