

Case Number:	CM15-0126923		
Date Assigned:	07/13/2015	Date of Injury:	08/29/2000
Decision Date:	08/07/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 65 year old male, who sustained an industrial injury on 8/29/00. He reported right knee pain. The injured worker was diagnosed as having osteoarthritis and degenerative joint disease of the knee and tear of the lateral meniscus. Treatment to date has included a right total knee arthroplasty, physical therapy, steroid injections, and medication. Physical examination findings on 6/8/15 included limited active range of motion, moderate effusion of the right knee, and moderate swelling of the right lower extremity. Currently, the injured worker complains of knee swelling. The treating physician requested authorization for 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy visits is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteoarthritis, DJD knee; tear lateral meniscus; and status post right total knee arthroplasty. The date of injury is August 29, 2000. The request for authorization is dated June 15, 2015. According to a progress note dated June 8, 2015, the injured worker is doing well and progressing with strength and range of motion. Objectively, there is decreased range of motion. The quadriceps is intact and is a moderate effusion. Utilization review states 18 physical therapy sessions were authorized. The documentation indicates #17 physical therapy sessions were completed. The guidelines recommend 24 sessions of physical therapy for total knee arthroplasty. According to the guideline recommendations, an additional 6 physical therapy sessions are clinically indicated (total 24 sessions). There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Consequently, absent compelling clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy over the recommended guidelines is indicated, 12 physical therapy visits is not medically necessary.