

Case Number:	CM15-0173994		
Date Assigned:	09/15/2015	Date of Injury:	09/06/2011
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/03/2015

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 55 year old male who sustained an industrial injury on 9-6-11. Diagnoses included meniscus tear; joint pain, left leg; overextension from sudden movement; total knee arthroplasty. He currently (8-12-15) is experiencing increased left knee pain as he worked hard in physical therapy yesterday but physical therapy has decreased his pain overall. On physical exam his left knee flexion was 100 degrees with full extension. In the 7-22-15 progress note the pain level was noted to be 5-10 out of 10. Treatments to date include physical therapy with the last physical therapy note dated 8-11-15 indicating 70% improvement with a pain level of 3-7 out of 10; medications: ibuprofen, omeprazole, Tylenol, naproxen. In the progress note dated 8-12-15 the treating provider's plan of care included additional physical therapy sessions. The request for authorization dated 8-12-15 indicates physical therapy twice per week for six weeks to the left knee. On 8-19-15 utilization review evaluated and modified the request for physical therapy twice per week for six weeks to two additional visits based on the injured worker already having six physical therapy sessions and is expected to continue active therapies at home as an extension of the treatment process to maintain improvement levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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, physical therapy two times per week times six weeks to the left knee 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 tear meniscus NEC current; joint pain left leg; and overexertion from sudden movement. The date of injury is September 6, 2011. Request for authorization is August 12, 2015. According to a June 25, 2013 progress note, the injured worker at multiple arthroscopies and an eventual total knee replacement in 2013. According to an August 11, 2015 progress note, the injured worker completed 8 of 8 physical therapy sessions secondary to a flare. According to an August 12, 2015 progress note, subjectively the injured worker complains of ongoing left knee pain. The injured worker has been working at physical therapy with an overall decrease in pain. Objectively, range of motion is 0 to 100. The treating provider is requesting additional physical therapy. The total number of physical therapy sessions is not specified in the record. The documentation does not demonstrate objective functional improvement. Moreover, there are no compelling clinical facts indicating additional physical therapy is warranted. The injured worker should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the specific number of physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical documentation indicating additional physical therapy over the recommended guidelines as clinically indicated, physical therapy two times per week times six weeks to the left knee is not medically necessary.