

Case Number:	CM15-0174053		
Date Assigned:	09/15/2015	Date of Injury:	10/16/2002
Decision Date:	10/23/2015	UR Denial Date:	08/03/2015
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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 16, 2002. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the knee. The claims administrator referenced a June 24, 2015 office visit in its determination. The claims administrator seemingly framed the request as the request for postoperative physical therapy following an also-contested knee arthroplasty procedure. The claims administrator seemingly based its decision to deny the physical therapy on the grounds that the concomitant request for a total knee arthroplasty also has been denied. On May 7, 2015, the applicant reported ongoing complaints of bilateral knee and shoulder pain. The applicant had undergone a right total knee arthroplasty in 2014. The applicant also reported complaints of left knee and left shoulder pain. The applicant was given a diagnosis of aggravated osteoarthropathy of the left knee. The applicant was placed off of work, on total temporary disability. A shoulder corticosteroid injection was administered. On June 24, 2015, the applicant reported ongoing complaints of left knee pain. The applicant was in the process of pursuing of a left knee total knee arthroplasty, it was reported. Diminished left knee range of motion from -5 to 90 degrees was noted. Tricompartamental arthritis of the left knee was appreciated on x-rays of the same. A left knee total knee arthroplasty was proposed via an RFA form dated July 14, 2015, along with 12 sessions of postoperative physical therapy at issue. The remainder of the file was surveyed. There was no evidence that the applicant received approval to undergo a left knee total knee

arthroplasty procedure nor there was evidence that the applicant was scheduled to undergo left knee total knee arthroplasty procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions physical therapy to left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: No, the request for 12 sessions of physical therapy for the left knee was not medically necessary, medically appropriate, or indicated here. The request was framed on an RFA form of July 14, 2015 as a request for postoperative physical therapy following a planned total knee arthroplasty procedure. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of therapy following total knee arthroplasty surgery, here, however, there is no evidence that the applicant received approval for, was scheduled to undergo, and/or had received a total knee arthroplasty procedure. Therefore, the derivative or companion request for an associated 12 sessions of physical therapy for the knee was likewise not medically necessary.