

Case Number:	CM15-0024248		
Date Assigned:	02/13/2015	Date of Injury:	04/21/2009
Decision Date:	06/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 injured worker is a 49 year old female, who sustained an industrial injury on 04/21/2009. According to a progress report dated 01/14/2015, the injured worker was seen for her left knee. She was status post left total knee replacement on 04/02/2012. The medial pain was gone. She was still complaining of lateral symptoms primarily. Physical examination revealed the knee moved very well with full extension and flexion to about 120. She was stable to AP, as well as varus/valgus stress testing in extension and in flexion. There was no irritability. Her leg was full of scratches from her kitten. She had tenderness along the course of the IT band, down onto the tibia and up onto her lateral thigh. X-rays of the knee were obtained and the implant looked fine. Impression was noted as status post total knee with implant seeming to be okay and component of ITB tendinosis. Treatment to date has included x-rays, surgery, medications and physical therapy. The treatment plan included physical therapy and Voltaren Gel. Currently under review is the request for physical therapy for the left knee, 2 times a week for 4 weeks quantity 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, 2 times a week for 4 weeks, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. The patient has completed 26 sessions of physical therapy for the left knee to date. Additional physical therapy for the left knee, 2 times a week for 4 weeks, quantity: 8 sessions is not medically necessary.