MAXIMUS Federal Services

Case Number:	CM15-0033460		
Date Assigned:	02/26/2015	Date of Injury:	06/03/2012
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 06/03/2012. She has reported left knee pain. The diagnoses have included left knee osteoarthritis. Treatment to date has included medications, cortisone injections, physical therapy, and surgical intervention. Medications have included Naproxen and Hydrocodone. A progress note from the treating physician, dated 01/14/2015, documented a follow-up visit with the injured worker. The injured worker reported continued pain in left knee and lower back, status post left total knee arthroplasty. Objective findings included tenderness to palpation of left knee medial and lateral joint line, with 1+ swelling, and 4/5 strength; and fluoroscan shows prosthesis in place. The treatment plan has included request for physical therapy for the left knee. On 02/06/2015 Utilization Review noncertified 1 prescription of Physical therapy 3xwk x 4 wks left knee. The CA MTUS was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of Physical therapy 3xwk x 4 wks left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 4 wks left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with bilateral knee pain and low back pain. The patient is status post left knee total knee arthroscopy from 10/14/2013. The treater is requesting PHYSICAL THERAPY THREE TIMES PER WEEK TIMES FOUR WEEKS FOR THE LEFT KNEE. The RFA from 01/31/2015 shows a request for physical therapy 2 to 3 times per week for four weeks for the left knee. The patient's date of injury is from 06/03/2012 and she is currently permanent and stationary. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports. The patient is not currently in a post-surgical treatment period. The 01/27/2015 report shows that the patient continues to complain of pain in the knee and lower back. There is tenderness to palpation in the medial and lateral joint line with swelling on the left knee. The UR report from 02/06/2015 shows that the patient was seen in physical therapy for 11 sessions with good improvement of knee flexion and strength. In this case, the requested 12 sessions when combined with the previous 11 that the patient received would exceed guidelines. The request IS NOT medically necessary.