

Case Number:	CM15-0062858		
Date Assigned:	04/08/2015	Date of Injury:	01/29/2010
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/02/2015

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:

This 62 year old female sustained an industrial injury on 1/29/10. She subsequently reported left side and bilateral knee pain. Diagnoses include left knee internal derangement and osteoarthritis. Treatments to date have included MRI, x-rays, surgery, physical therapy and prescription pain medications. The injured worker continues to experience bilateral knee pain. A request for Physical therapy for the bilateral knees 3xWk x 4Wks, QTY: 12 sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral knees 3xWk x 4Wks, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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, physical therapy to the bilateral knees three times per week times four weeks (12 sessions) 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. The guidelines recommend 24 physical therapy sessions over 10 weeks for total knee arthroplasty. In this case, the injured worker's working diagnoses are osteoarthritis; and pain in joint lower leg. Documentation from a Qualified Medical Examination (QME) dated February 6, 2015 indicates the injured worker (according to the injured worker) completed 12 physical therapy sessions and seven home health sessions consequent to the total knee arthroplasty. The injured worker had a left total knee replacement July 2012. As a result of the accident, the injured worker had bilateral knee complaints. Postsurgical physical therapy guideline recommendations allow 24 visits over 10 weeks. The injured worker is 11 months post surgery for the right knee total arthroplasty. According to a progress note dated February 4, 2015, the injured worker has complaints of pain in bilateral knees with 7/10 on the VAS pain scale. There were no objective physical findings documented in the medical record. The documentation does not contain evidence of objective functional improvement from prior physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy (over and above that provided). Consequently, absent clinical documentation with objective functional improvement from prior physical therapy authorized and received, absent compelling clinical facts indicating additional physical therapy is warranted, physical therapy to the bilateral knees three times per week times four weeks (12 sessions) is not medically necessary.