

Case Number:	CM15-0062901		
Date Assigned:	04/08/2015	Date of Injury:	10/08/1993
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old female with an industrial injury dated October 8, 1993. The injured worker diagnoses include status post left total knee arthroplasty revision and reimplantation. She has been treated with diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 2/12/2015, the injured worker reported struggling with range of motion and frequent falls. Objective findings revealed mild chronic swelling and skin staining from prior bruising and poor patellar mobility. The treating physician prescribed services for physical therapy for the left knee, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly for 6 weeks, left knee,: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury more than 20 years ago and underwent a left total knee revision. She had post-operative therapy in October 2014 with 12 sessions and again in December with an additional 8 sessions. The treating provider documents a home exercise program as well as regression after formal physical therapy was discontinued. The claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments, which appears to be occurring in this case. Therefore, the requested additional therapy was not medically necessary.