

Case Number:	CM15-0066144		
Date Assigned:	04/13/2015	Date of Injury:	05/14/1992
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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, 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 was a 58 year old female, who sustained an industrial injury, May 14, 1992. The injured worker received the following treatments in the past right knee injection and aspiration, right knee x-ray, Ibuprofen, Tylenol, wheeled walker, home exercise program, laboratory studies and 27 physical therapy sessions. The injured worker was diagnosed with right knee contusion and right pre-patellar bursitis, right total knee replacement August 27, 2014, right knee osteoarthritis and right knee manipulation on October 16, 2014 with at least 20 post-op PT sessions completed. According to the physical therapy progress note of A January 27, 2015, the injured workers chief complaint was right knee pain 5-7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was experiencing cramping and burning in the right quadriceps region running down to the foot. The injured worker had a mild antalgic gait with decreased knee flexion without an assistive device. The right knee measured 89 degrees to 110 degrees quadriceps and hamstrings approximately 4 out of 5. The injure worker demonstrates an approximately 10 to 15 degrees extension lag with straight leg raise. The treatment plan included 8 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24-5.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 20 PT sessions after manipulation under anesthesia of the knee. Within the documentation available for review, the patient has apparently completed at least 20 postoperative PT sessions and there is no indication of significant functional improvement from the most recent sessions. Furthermore, the request would exceed the amount of PT recommended by the CA MTUS. In light of the above issues, the current request for physical therapy is not medically necessary.