

Case Number:	CM15-0072750		
Date Assigned:	04/23/2015	Date of Injury:	04/26/2012
Decision Date:	05/20/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 57 year old male who sustained an industrial injury on 4/26/12. The diagnoses have included cervicalgia, lumbago, shoulder pain, wrist pain and joint/kneed pain left leg. Treatment to date has included medications, diagnostics, surgery, activity modifications and pain management. Currently, as per the physician progress note dated 3/17/15, the injured worker complains of constant pain in the right knee aggravated by activities and he reports swelling and buckling. The pain was unchanged and rated 8/10 on pain scale. The injured worker was status post left total knee arthroplasty (TKA) and was improving. He reports swelling with exercise. Physical exam of the bilateral knees revealed right knee tenderness, positive patellar grind and McMurray test, and crepitus with painful range of motion. The left knee exam revealed well healing surgical incision, swelling, and stiffness due to immobilization. The physician noted that he was requesting physical therapy to the left knee for strengthening exercises. The physician requested treatment included Post-operative physical therapy for the left knee x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the left knee x 8 sessions: Overturned

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

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

Decision rationale: Post-operative physical therapy for the left knee x8 sessions is medically necessary. Page 99 of Ca MTUS states; physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. Physical therapy to the left knee is appropriate for strengthening exercises; therefore, the requested service is medically necessary.