

Case Number:	CM15-0078638		
Date Assigned:	04/29/2015	Date of Injury:	10/28/1983
Decision Date:	05/29/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/24/2015

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 is a 62 year old male, who sustained an industrial injury on 10/28/1983. He reported cumulative trauma to the bilateral knees. The injured worker was diagnosed as having bilateral total knee replacements and right total knee arthroplasty revision, bursitis, gait abnormality and localized osteoarthritis of the lower leg. Bilateral knee x rays show knee hardware is in excellent position. Treatment to date has included surgery, physical therapy and medication management. In progress notes dated 3/4/2015 and 3/12/2015, the injured worker complains of low back pain and knee pain. The treating physician is requesting office visit with an orthopedic surgeon and 12-18 physical therapy visits for the bilateral knees.

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, twice to thrice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 84 - 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127, Postsurgical

Treatment Guidelines Page(s): 10, 24. Decision based on Non-MTUS Citation ODG, Knee Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, CA MTUS supports up to 24 PT sessions over 4 months after knee arthroplasty. Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has a remote history of bilateral knee arthroplasty, with a revision procedure on the right in January of 2015. Recently, he was undergoing a course of 12 PT sessions for the right knee. There was no documentation of the patient's progress with regard to objective improvement at the completion of those sessions. Furthermore, the current request would exceed the postoperative recommendations for the right knee and the recommendations for chronic pain of the left knee, and unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested physical therapy is not medically necessary.