

Case Number:	CM15-0092242		
Date Assigned:	05/18/2015	Date of Injury:	11/22/2013
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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:

The 57-year-old female injured worker suffered an industrial injury on 11/22/2013. The diagnoses included left total knee replacement 1/7/2015. The injured worker had been treated with physical therapy. On 4/16/2015, the treating provider reported left knee was improving with therapy and home exercises. She had mild pain and difficulty climbing stairs. The pain was controlled with medications and ice. On exam, the knee had minimal effusion and some reduced range of motion with mild tenderness. The treatment plan included continued Physical Therapy for The Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Knee 1x6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 left knee one time per week times six 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. In this case, the injured worker's working diagnoses are pain in limb; painting joint involving shoulder; painting joint involving lower leg; and preoperative examination unspecified. The injured worker completed 24 sessions of physical therapy status post total knee replacement. The injured worker completed the recommended guideline total of physical therapy sessions. The documentation, according to the April 21, 2014 progress note, states the injured worker returned back to work and her knee continues to recover. The injured worker should be well versed in exercises performed during physical therapy to engage in an ongoing home exercise program. There are no compelling clinical facts documented in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation to warrant additional physical therapy over and above the recommended guidelines (24 sessions over 10 weeks), physical therapy left knee one time per week times six sessions is not medically necessary.