

Case Number:	CM15-0092247		
Date Assigned:	05/18/2015	Date of Injury:	04/06/2010
Decision Date:	06/17/2015	UR Denial Date:	04/29/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker (IW) is a 44 year old male who sustained an industrial injury on 04/06/2010. The initial injury was not noted, but on 08 22/2014, the worker had a right total knee arthroplasty for a right degenerative disease that was refractory to conservative management. At the physician visit of 12/09/2014, the injured worker was diagnosed as status post right total knee arthroplasty status post revision left total knee arthroplasty. The worker was improving, and it was anticipated the worker would return to work effective 12/09/2014 with sedentary work only and have a follow up appointment in six weeks at which time the worker would likely be permanent and stationary. Currently, the injured worker complains of ongoing knee pain past the time of anticipated healing Physical therapy 2 x 3 for the bilateral knees and low back and Cognitive behavioral therapy (CBT) x 4 visits is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 for the bilateral knees and low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
physical medicine Page(s): 98-99.

Decision rationale: Physical therapy 2 x 3 for the bilateral knees and low back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had prior extensive PT involving his low back and knee. There are no extenuating factors which would necessitate 6 more supervised therapy when the patient should be well versed in a home exercise program. The request for physical therapy 2 x 4 for the bilateral knees and low back is not medically necessary.