

Case Number:	CM15-0093154		
Date Assigned:	05/19/2015	Date of Injury:	03/01/1999
Decision Date:	06/19/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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 injured worker is a 61 year old female, who sustained an industrial injury on 3/1/99. She reported pain in weakness in the lower back and legs as well as numbness in the feet and toes. The injured worker was diagnosed as having generalized deconditioning and pain, history of myofascial pain syndrome, and status post right knee total replacement resulting in difficulty with ambulation. Treatment to date has included a total knee arthroplasty in 2013 with quadriceps weakness and continued pain, left knee arthroscopy in 2013, physical therapy, the use of a knee brace, and medications. Currently, the injured worker complains of knee pain. The treating physician requested authorization for additional physical therapy 2 x 6 for the right knee. The treating physician noted previous therapy was beneficial but additional therapy is needed due to significant quadriceps weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x per week x 6 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical medicine treatment, Physical Medicine 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, additional physical therapy two times per week than six weeks to the right knee 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 right knee status post multiple surgeries most recently a total knee arthroplasty 2013 with significant quadriceps weakness and continued pain; left knee arthroscopy 2013 with tricompartmental arthritis and bones or formation. There is a single progress note by the requesting provider dated April 13, 2015. The injured worker had an unspecified number of prior physical therapy sessions on the right knee. There are no physical therapy progress notes in the medical record. There is no documentation of objective functional improvement with prior physical therapy. The injured worker wears a brace. The physical therapist indicated the injured worker needs additional physical therapy secondary to weakness. There are no compelling clinical facts in the medical record indicating additional physical therapy (12 sessions) is clinically indicated. There is no documentation of objective functional improvement prior physical therapy indicating additional physical therapy is appropriate. Consequently, absent compelling clinical documentation with objective functional improvement, the total number of physical therapy sessions to date, prior physical therapy documentation and compelling clinical facts indicating additional physical therapy is warranted, additional physical therapy two times per week than six weeks to the right knee is not medically necessary.