

Case Number:	CM15-0094699		
Date Assigned:	05/20/2015	Date of Injury:	04/01/2009
Decision Date:	06/24/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 63 year old male, who sustained an industrial injury on April 1, 2009. He reported a left knee injury. The injured worker was diagnosed as having status post left total knee replacement in August 2014. Diagnostic studies to date have included MRI and x-rays. He was treated with postoperative physical therapy with manual therapy, therapeutic exercise, electrical stimulation, and ice. Other treatment to date has included a cane, a home exercise program, and medications including oral pain, anti-epilepsy, topical non-steroidal anti-inflammatory, and oral non-steroidal anti-inflammatory. On March 9, 2015, the injured worker complains of continued left knee pain. The physical exam revealed ambulation with use of a cane, a well-healed surgical incision of the knee without signs of infection, decreased range of motion, decreased quadriceps and hamstring muscles, and normal sensation of the leg. The treatment plan includes 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:

Additional Physical Therapy 2xwk x6wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: The patient was injured on 04/01/09 and presents with left knee pain. The request is for Additional Physical Therapy 2 x week x 6 weeks. The RFA is dated 04/20/15 and the patient's work status is not provided. In August 2014, the patient underwent a left total knee replacement. MTUS pages 98 and 99 have the following: Physical Medicine: Recommended as indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The 03/09/15 report states that the patient recently got authorized for additional physical therapy which he has not yet started. The 04/02/15 report states that the patient will attend therapy 1 times per week for 10 weeks. The patient has already been authorized for 10 sessions and the provider is now requesting for 12 additional sessions of therapy. There is no discussion provided on how prior sessions of therapy impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Furthermore, the requested total of 12 sessions of physical therapy in addition to the 10 sessions he has been already authorized for exceeds what is allowed by MTUS Guidelines. Therefore, the request is not medically necessary