

Case Number:	CM15-0099772		
Date Assigned:	06/02/2015	Date of Injury:	05/15/2006
Decision Date:	06/30/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 69-year-old female, who sustained an industrial injury on 5/15/06. The diagnoses have included left knee degenerative joint disease (DJD) and stable left total knee arthroplasty. Treatment to date has included medications, diagnostics, activity modifications, left knee arthroplasty surgery on 11/2014, physical therapy 7 sessions and home exercise program (HEP). Currently, as per the physician progress note dated 4/21/15, the injured worker is for follow up of her left total knee arthroplasty done 11/2014. She states that over the past 2 weeks she has been having a lot of start- up pain as well as anterior knee pain when up and ambulating for prolonged periods of time. She also has complaints of occasional swelling in the knee. The physical exam of the left knee reveals mild swelling about the knee. She has discomfort with end range of motion with both extension and flexion. The range of motion is from full extension to 125 degrees of flexion and she has 4/5 knee extension strength. There were no previous diagnostic reports submitted with the records. There was some previous physical therapy sessions noted in the records for review. The physician treatment plan noted that he assured the injured worker that she is doing well in her recovery and it is not unexpected to have some start-up pain and occasional swelling and pain throughout the first year to 18 months. He noted that she has weakness in the quadriceps, which he felt was inhibiting her ambulation and he recommends physical therapy. Otherwise, he notes that she can resume her activity and she will be seen back in November for annual follow up. The physician requested treatment included Physical Therapy 12 sessions 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 12 sessions for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99-100, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web) 2015, Knee & Leg (Acute & Chronic): Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the request for 12 sessions exceeds the recommendations for 9-10 sessions. The original UR decision was a modified decision to approve a shorter duration of initial therapy. The request for 12 sessions of physical therapy is not medically necessary and the original UR decision is upheld.