

Case Number:	CM14-0101624		
Date Assigned:	07/30/2014	Date of Injury:	06/27/2011
Decision Date:	09/30/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old patient had a date of injury on 6/27/2011. The mechanism of injury was not noted. In a progress noted dated 2/18/2014/2014, subjective findings included his range of motion is better, and there is less stiffness. On a physical exam dated 2/18/2014, objective findings include knee goes from 5 degrees to about 120 degrees. Diagnostic impression shows right knee replacement on 5/15/2013. Treatment to date: medication therapy, behavioral modification, right knee arthroscopy in 5/2013 and physical therapy. A UR decision dated 6/23/2014 denied the request for physical therapy #6, stating that the claimant is over 1 year post left total knee arthroplasty and has received 24 prior sessions of post-operative physical therapy with most recent sessions authorized in 2013, and no discussion was found regarding why this patient was not transitioned into a home exercise program. No evidence was provided that patient had a significant change in status that would warrant a return to physical therapy services at this stage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114 Official Disability Guidelines (ODG) knee and leg chapter Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 98-99 and on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 114 and Official Disability Guidelines (ODG) knee and leg chapter. The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. ODG post-surgical treatment guidelines for arthroplasty of the knee: 24 visits over 10 weeks. The treatment period is over 4 months. In the reports viewed, it was noted that this patient had at least 24 prior sessions of physical therapy sessions postoperatively, from 11/2013 to 2/2014. The patient's right knee arthroscopy occurred in 5/2013, and the postoperative time frame of 4 months has passed. Furthermore, there was no discussion regarding why this patient was not able to transition into a home exercise program. Additionally, there was no evidence of a significant change in the patient's status that would warrant a further regimen of physical therapy. Therefore, the request for physical therapy #6 is not medically necessary.