

Case Number:	CM14-0105418		
Date Assigned:	07/30/2014	Date of Injury:	01/29/2010
Decision Date:	11/21/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

The patient is a 62 years old employee with date of injury 1/29/2010. Medical records indicate the patient is undergoing treatment for S/P right total knee replacement on 4/7/14; Internal derangement of left shoulder; left knee internal derangement and left elbow injury. Subjective complaints include continuous aching of right knee that becomes sharp and shooting with some movements. Mild soreness and swelling to left knee. Right knee swelling and lack of full extension (10 degrees). Pain is rated 5/10 on right, 8/10 on left. Objective findings include stiffness and swelling to bilateral knees with limited range of motion. Limping ambulation with a cane. Xrays show no loosening of bilateral total knee replacements. Treatment has consisted of CPM machine, 12 physical therapy sessions, 9 home care physical therapy sessions, and medications including Norco, Voltaren, and Flexeril. The utilization review determination was rendered on 6/12/14 recommending non-certification of 12 Sessions of Physical Therapy to right knee (3x/wk for 4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy to the Right Knee (3x for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Medicine, Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG reports limited positive evidence to support physical therapy for knee complaints. ODG specifies, "It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses) . . . A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion." Additionally, ODG quantifies the number of sessions for Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks MTUS guidelines further state, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." The patient has received 19 total physical therapy sessions post knee surgery. The request for 12 additional physical therapy sessions is in excess of guidelines. As such, the request for 12 Sessions of Physical Therapy to the Right Knee (3x for 4 weeks) is not medically necessary.