

Case Number:	CM14-0155911		
Date Assigned:	09/25/2014	Date of Injury:	10/14/2009
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/23/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; total knee arthroplasty; subsequent revision of said total knee arthroplasty; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for 12 additional sessions of postoperative physical therapy. The claims administrator suggested that the applicant was six months status post March 17, 2014 total knee arthroplasty revision and had completed 36 sessions of postoperative physical therapy. Despite the fact that the applicant was, per claims administrator's reckoning, outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total knee arthroplasty surgery on March 17, 2014, the claims administrator nevertheless invoked the MTUS Postsurgical Treatment Guidelines. The applicant's attorney subsequently appealed. In an August 1, 2014 progress note, the applicant was described as status post revision of left total knee arthroplasty. The applicant was progressing slowly and had no fever or systemic complaints. The applicant exhibited 0 to 120 degrees of motion. The applicant exhibited slightly antalgic gait. The knee prosthesis was apparently in place, x-ray had suggested. 12 sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. On July 2, 2014, the applicant also presented with ancillary complaints of low back pain. In an earlier note dated June 20, 2014, the applicant was described as three months status post left knee total knee arthroplasty revision. Mobic, Pepcid, and physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy twice a week for six weeks for the left knee:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

Decision rationale: The applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total knee arthroplasty surgery of March 17, 2014, as of the date of the request for additional therapy, August 1, 2014. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. The 12 session course of treatment proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having completed 36 sessions of earlier physical therapy treatment, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite completion of the same. Therefore, the request for Additional postoperative physical therapy twice a week for six weeks for the left knee is not medically necessary and appropriate.