

Case Number:	CM13-0007031		
Date Assigned:	09/06/2013	Date of Injury:	04/15/1996
Decision Date:	01/07/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 underlying date of injury in this case is 04/15/1996. This patient is a 68-year-old female. She is status post a revision left total knee arthroplasty 2/18/2013. An initial physician review noted that the patient completed 5 physical therapy visits via home health and 6-8 outpatient physical therapy visits, with a considerable antalgic gait and achieving extension to 0 degrees and flexion of 100 degrees. That initial physician reviewer indicated the records do not support a rationale for additional supervised therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section recommend to allow for fading of treatment frequency plus active self-directed home Physical Medicine. The guidelines anticipate that this patient would have transitioned to independent home rehabilitation given significant functional improvement. If there is a specific rationale or goal for additional supervised therapy, the guidelines would anticipate that this be included in the prescription.

Therefore, it may be appropriate to submit a new request if there are specific goals or methods to be proposed which could not be accomplished independently. The request for additional physical therapy is not medically necessary and appropriate.