

Case Number:	CM13-0008030		
Date Assigned:	09/11/2013	Date of Injury:	08/01/2001
Decision Date:	01/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/07/2013

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 Pain Medicine, and is licensed to practice in Ohio and Texas. 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 patient is a 66-year-old male who reported an injury on 08/01/2001. The patient is currently diagnosed with status post left knee revision arthroplasty. The patient was seen by [REDACTED] on 06/17/2013. The patient was 6 weeks status post left knee revision surgery. Physical examination revealed well-healed incision, swelling and warmth around the knee, -3 degree extension, 105 degree flexion, intact extensor mechanism, and intact sensation. X-rays obtained in the office indicated a well-positioned implant without evidence of complication. Treatment recommendations included continuation of current medication and physical therapy 3 times a week for the next 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with physiotherapy treatments, QTY: 8.00: Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading

of treatment frequency plus active self-directed home physical medicine. The patient's latest physical therapy progress note was submitted on 08/06/2013. The patient demonstrated 0 to 115 degree active range of motion and 4+/5 strength in the left quadriceps. The patient has been instructed on a home exercise program. Treatment recommendations included continuation of therapy 1 time to 2 times per week for 4 weeks to 6 weeks. Although the patient does demonstrate improvement with range of motion, the medical necessity for ongoing skilled physical medicine at 1 time to 2 times per week for 4 weeks to 6 weeks has not been established. The patient has completed a substantial amount of postoperative physical therapy and has been instructed on a home exercise program. Based on the clinical information received, the request is non-certified.