

Case Number:	CM13-0011763		
Date Assigned:	06/06/2014	Date of Injury:	05/22/2007
Decision Date:	07/24/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/14/2013

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 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 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 injured worker is a 59-year-old male who reported injury on 05/22/2007. The injured worker underwent arthroscopic surgery in 09/2007 and 06/2008. The injured worker had a partial knee replacement on 11/02/2012. Prior treatments included medication and physical therapy. The mechanism of injury was the injured worker was carrying trash. The physical examination of 05/14/2013 revealed the injured worker was postoperative right total knee replacement and was doing better. However, it was indicated the injured worker was still in need of some physical therapy. The physician documented physical therapy increased the injured worker's range of motion. The examination of the left knee revealed full range of motion with grating and crepitus. There was tenderness to palpation over the entire tibial plateau. The diagnoses included left knee medial tricompartmental osteoarthritis and status post right unicompartmental knee replacement. The request was made for physical therapy for the right knee 2 times a week x6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE PHYSICAL THERAPY KNEE-LEFT 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate that the postsurgical treatment for an arthroplasty is 24 visits. The clinical documentation submitted for review indicated the injured worker had undergone postoperative physical therapy. The quantity of sessions and objective functional benefit was not provided. There was a lack of documented objective functional deficits to support the necessity for ongoing therapy. Given the above, the request for 12 Physical therapy sessions for the left knee is not medically necessary.