

Case Number:	CM13-0012651		
Date Assigned:	09/17/2013	Date of Injury:	01/16/2008
Decision Date:	02/06/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/12/2013

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 Orthopedic Surgery 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 patient is a 65-year-old female who was injured in a work related accident on 01/16/08. Specific to the claimant's right knee, there is a current request for continuation of physical therapy for 12 additional sessions. Records for review indicate prior surgical history to the right knee in the form of a 04/29/13 right total joint arthroplasty. Since the time of operative intervention, the claimant has continued a course of significant physical therapy. A recent clinical progress report of 07/09/13 with [REDACTED] stated the continued need for 12 additional sessions of physical therapy citing a physical examination with 5 to 105 degrees range of motion, 5/5 strength, a mild limp, and no effusion. It stated at that time that the claimant was still experiencing intermittent pain complaints. Postoperative imaging is not documented. There is a current request for the 12 additional sessions of physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Right Knee, QTY 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, continued physical therapy in this case cannot be indicated. The claimant is noted to be several

months following a total joint replacement procedure having achieved 5/5 strength on the recent reassessment with motion over 105 degrees. There is documentation of a clear course of significant postoperative physical therapy already performed. Thus, the request for 12 additional sessions of therapy would exceed clinical guideline criteria, and would not be indicated