

Case Number:	CM13-0013991		
Date Assigned:	10/02/2013	Date of Injury:	09/15/2008
Decision Date:	08/04/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

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 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 patient is a 53 year old female with a date of injury of 09/15/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/30/2013, lists subjective complaints as ongoing pain in the left knee. Examination of the left knee revealed range of motion zero to 110. There was no instability and x-rays showed left TKA, no migration, loosening, or subsidence. The patient has some increasing strength with dorsiflexion and some return of sensation of left foot. The patient has a diagnosis of stable left TKA. The patient underwent a left knee total knee arthroscopy on 06/12/2013. The patient has already completed 4 home physical therapy sessions and 12 physical therapy sessions which were approved immediately following surgery. The patient was approved for an additional 9 sessions of physical therapy on 06/25/2013. The medical records provided for review did not contain information regarding the patient's functional improvement after the initial physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 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): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines allows for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is no documentation of objective functional improvement from previous physical therapy within the medical records provided for review. As such, the request is not medically necessary and appropriate.