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| Case Number: | CM13-0019541 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 12/22/2006 |
| Decision Date: | 03/04/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/03/2013 |

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 12, 2006. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties; total knee arthroplasty surgery on April 29, 2013; and work restrictions. In a utilization review report of August 23, 2013, the claims administrator apparently partially certified a request for eight sessions of physical therapy as four sessions of physical therapy, citing the postsurgical treatment guidelines in MTUS 9792.24.3. The claims administrator stated that the applicant had had 20 sessions of postoperative physical therapy to date. The applicant's attorney later appealed. In an earlier note of June 11, 2013, the applicant was described as doing fair overall. He was still using Percocet for pain relief. He had 88 degrees of knee range of motion and had a slight extension contracture. X-rays suggested that the hardware was in excellent position. Percocet and work restrictions were endorsed. On July 9, 2013, the applicant was described as still having mild-to-moderate pain. He is progressing with therapy. He is using his Dyna splint. He had 100 degrees of motion versus 88 degrees at the prior visit. He was asked to continue his Dyna splint and obtain the 9 sessions of physical therapy previously authorized. On July 17, 2013, it is stated that the applicant was retired from his former employment. No changes were made to his work status. A later note of August 9, 2013 is notable for comments that the applicant has persistent stiffness three and a half months status post total knee arthroplasty. 104 degrees of knee range of motion were noted. Opioid medications were discontinued insofar as the applicant's knee was concerned. The applicant is asked to try and improve his range of motion. He had comorbid low back pain issues, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 8 physical therapy visits for the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the MTUS 9792.24.3, a general course of 24 sessions of postoperative treatment is endorsed following a total knee arthroplasty. In this case, neither the attending provider nor the claims administrator clearly stated how much prior postoperative physical therapy the applicant had had prior to the most recent request. Nevertheless, the information on file did suggest that the applicant was making appropriate strides and functional improvement as evinced by the measures detailed in MTUS 9792.24.3. The applicant's range of motion continued to improve from visit to visit. The applicant's physical impairment diminished from visit to visit. The applicant's medication consumption diminished from visit to visit postoperatively. The applicant did have residual stiffness on or around the date of the request and was making functional improvement in terms of the parameters established in MTUS 9792.20f. Additional physical therapy in the amount, quantity, and overall rate proposed by the attending provider was therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.