

Case Number:	CM13-0022223		
Date Assigned:	01/03/2014	Date of Injury:	02/23/2012
Decision Date:	03/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

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:

According to the records made available for review, this is a 53-year-old male with a 2/23/13 date of injury, and total knee replacement on 1/15/13. At the time of request for authorization for 12 sessions of physical therapy for the left knee, there is documentation of subjective (gradually decreasing swelling and pain in the region of the patellar tendon, stiffness, and not been able to return to full time work) and objective (mid-moderate residual swelling, mild effusion, decreased thickening of the soft tissues about the knee, range of motion from 0-106, and very slight limp while ambulating) findings, current diagnoses (status post left knee joint replacement and postoperative stiffness), and treatment to date (post-operative physical therapy x24 and a modified treatment plan for physical therapy x4 (per 9/3/13 determination)). Postoperative physical therapy guidelines for frequency as well as treatment period are exceeded.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS Postsurgical Treatment Guidelines supports 24 visits over 10 weeks and post-surgical physical medicine treatment period of 4 months for the postoperative management of total knee arthroplasty. Within the medical information available for review, there is documentation of a diagnosis of status post left knee joint replacement and postoperative stiffness. In addition, there is documentation of 28 post-operative physical therapy sessions completed, which exceeds guidelines. Furthermore, given documentation of a 1/15/13 date of surgery, the post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of physical therapy for the left knee is not medically necessary.