

Case Number:	CM13-0022872		
Date Assigned:	11/15/2013	Date of Injury:	06/10/2011
Decision Date:	02/04/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty Sports Medicine, and is licensed to practice in New York and Texas. 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.

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 67-year-old who reported a work-related injury on 06/10/2011, as a result of a contusion to the left knee. The patient is subsequently status post a left total knee replacement as of 03/2013. The patient has completed 24 plus sessions of postoperative physical therapy. The clinical note dated 08/20/2013 documents the patient was seen under the care of [REDACTED]. The provider documents the patient has improved status post his total knee replacement. However, the patient continues to report complaints of left knee and leg pain that increases with prolonged weight-bearing activities. The patient describes the pain distribution to the medial aspect of the joint and proximal half of the left lower extremity. The provider documents the patient purchased over-the-counter orthotics which have increased the patient's ability to tolerate walking activities. The provider documents the patient is ambulatory with utilization of orthotics. The patient's flexion about the left knee was noted to be at 100 degrees flexion to the right and to the left 108 degrees and extension was 0 degrees bilaterally. There was tenderness over the medial joint line and medial compartment of the lower extremity. Focal palpation at the plantar fascia resulted in moderate tenderness, left greater than right, with point tenderness over the calcaneus. The provider documented the patient was recommended to utilize 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted for review reports the patient is status post left total knee replacement as of 03/20/2013. Postoperatively, the patient attended over 24 sessions of physical therapy interventions for the left knee. The Postsurgical Treatment Guidelines support 24 visits over 10 weeks. The request for eight additional physical therapy visits is not medically necessary or appropriate.