

Case Number:	CM13-0023710		
Date Assigned:	11/15/2013	Date of Injury:	01/16/2008
Decision Date:	02/03/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/12/2013

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, New Jersey, and Pennsylvania. 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 injured worker who was injured in a work related accident on 01/15/08 sustaining an injury to their bilateral knees. Records for review include a 04/29/13 operative report indicating the claimant underwent a right total knee arthroplasty. Postoperative course of care included home exercises, aggressive formal physical therapy, and activity modifications. Following a course of physical therapy, it was noted that a manipulation under anesthesia occurred on 08/08/13 to the right knee. Following the manipulation, the claimant continued with a formal course of physical therapy. A 08/29/13 assessment with [REDACTED] showed physical examination with 115 degrees of passive flexion and extension to 5 degrees. Noted at that time was a prescription for an additional 12 sessions of formal physical therapy. At present, there is noted to have been greater than 20 sessions of therapy in the claimant's postoperative course of care. Requested is 12 additional sessions of physical therapy for diagnosis of status post right total knee arthroplasty following manipulation under anesthesia

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, quantity 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative Guidelines, continued physical therapy in this case would not be indicated. Guidelines would indicate the role of 24 sessions of physical therapy following total joint arthroplasty. In this case, while it is noted that the claimant underwent a manipulation under anesthesia several months following surgery, it is also clearly documented that the claimant has regained motion to over 115 degrees of passive flexion and has attended greater than 20 sessions of therapy following the manipulation procedure. The request for twelve sessions of physical therapy is not medically necessary and appropriate.