

Case Number:	CM13-0025556		
Date Assigned:	11/20/2013	Date of Injury:	11/01/2008
Decision Date:	01/23/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/17/2013

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:

The claimant is a 66-year-old gentleman who sustained an injury to his left knee in a work related accident on November 01, 2008. Specific to the left knee, there is documentation that a recent, March 18, 2013, surgery took place to the left knee in the form of a left total joint arthroplasty. Recent physical therapy treatment of August 07, 2013 indicated the claimant was being seen for his 25th session of postoperative therapy with 4/5 left lower extremity strength with motion not outlined. There is a current request for continuation of eight additional sessions of postoperative therapy for the claimant's left knee with no documentation of further postoperative imaging or motion assessments documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

eight (8) additional post-op left knee physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, continuation of physical therapy following total joint arthroplasty would not be indicated. The claimant is now nine plus months following time of surgical process having attended 25 sessions of therapy as of August 2013. The additional eight (8) sessions of therapy would clearly exceed

clinical guideline criteria and would not be indicated at this subacute stage of claimant's course of postoperative care. Therefore the request for eight (8) additional post-op left knee physical therapy sessions is not medically necessary and appropriate.