

Case Number:	CM13-0032728		
Date Assigned:	12/06/2013	Date of Injury:	01/21/2013
Decision Date:	07/30/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 45-year-old male who was reportedly injured on January 21, 2013. The mechanism of injury was a slip and fall. The most recent progress note dated August 16, 2013, indicated that there were ongoing complaints of right knee pain. There were complaints of instability, catching, and locking. Current medication includes Ultram. The physical examination of the left knee noted some tenderness along the medial joint line. Examination the right knee noted range of motion from 0 to 115 with patellofemoral crepitus and pain along the medial and lateral joint lines. There was quadriceps atrophy on the right side compared to the left. Diagnostic imaging studies objectified severe bone on bone degenerative arthritis of the right knee. A total knee arthroplasty of the right knee was recommended. Previous treatment of the right knee included an arthroplasty with 24 postoperative physical therapy visits. A request had been made for physical therapy twice a week for four weeks and was not certified in the pre-authorization process on September 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: As the injured employee has had recent right knee arthroscopic surgery and subsequent physical therapy for 24 visits, he should be well-versed in what is expected of physical therapy for the right knee and should be able to continue this on his own at home with a home exercise program. This request for physical therapy twice a week for four weeks is not medically necessary.