MAXIMUS Federal Services

Case Number:	CM13-0034297		
Date Assigned:	12/06/2013	Date of Injury:	09/27/2010
Decision Date:	02/21/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and the District of Columbia. 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 61-year-old injured worker who was involved in a work injury on 9/27/2010. The mechanism of injury, claimant tripped and fell, injuring their knee. The claimant has an extensive surgical history including right total knee arthroscopy on 2/29/2012, irrigation and debridement of right knee wound on 6/27/2012, and revision surgery on the right knee on 7/15/2013. This was followed by 24 sessions of postoperative therapy. On 9/17/2013 the claimant was reevaluated by [redacted], orthopedic surgeon. It was noted that the claimant "returns for follow-up, right knee continues to improve, and that the patient is now only taking an occasional pain pill. On physical examination it was noted "her knee range of motion is from zero to 105. There is no swelling or tenderness." The recommendation was for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once to twice a week for six weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the CA-MTUS Chronic Pain Medical Treatment guideline, section of Physical Medicine, "allows for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home Physician Medicine." The MTUS postoperative guidelines/ ODG guidelines, web-based version, knee chapter give the following recommendations: "Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week; Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks." The claimant has undergone 24 sessions of postoperative therapy with overall improvement. The most recent examination revealed that the claimants "right knee continues to improve" and that "there is no swelling or tenderness." Given the absence of significant clinical findings, the need for continued provider driven skilled therapy was not established. Within the medical information available for review, there is no statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. The request for physical therapy once to twice a week for six weeks for the right knee session is not medically necessary and appropriate.