

Case Number:	CM13-0036034		
Date Assigned:	12/13/2013	Date of Injury:	10/26/1995
Decision Date:	02/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 and Pediatric Rehabilitation Medicine and is licensed to practice in Texas and Illinois. 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 64-year-old female who reported a work-related injury on 10/26/1995. The patient had left knee arthroscopy surgery with synovectomy and chondroplasty performed on 08/14/2013. The patient has undergone postoperative physical therapy sessions. Recent physical therapy documentation stated the patient reported she was doing great, but still had tightness to her left knee. A request has been made for physical therapy for the left knee 2 to 3 sessions per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee - 2-3 sessions per week for 4 weeks: Upheld

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

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

Decision rationale: The Guidelines indicate that 24 physical therapy visits are recommended for the postsurgical treatment of knee arthroplasty. It was unclear per submitted documentation how many postoperative physical therapy visits the patient has completed to this date. The most recent physical therapy notes submitted dated 11/22/2013 stated the patient was doing well with

no complaints of pain. She only complained of stiffness to her left knee and was able to do all activities of daily living without pain and had increased her duration of activities without pain. The patient was not noted to have significant functional deficits in the submitted documentation to warrant additional physical therapy visits for her left knee. There was no evidence provided showing that a home exercise program would not be able to address her remaining functional deficits. As such, the requested additional physical therapy is not medically necessary or appropriate.