

Case Number:	CM13-0036164		
Date Assigned:	12/13/2013	Date of Injury:	07/15/2009
Decision Date:	02/05/2014	UR Denial Date:	09/24/2013
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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 67-year-old female who reported an injury on 07/15/2009. The mechanism of injury was not provided. The patient was noted to have undergone a total knee replacement and was noted on 08/12/2013 to have an arthroscopic debridement, synovectomy. The request was made for continued physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times 2 followed by 2 times 2, on left knee: 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: Per California MTUS postsurgical guidelines, the treatment for this type of surgery would be 12 visits over 12 weeks. Per the documentation of 10/24/2013, the patient was noted to have a slight residual effusion and it was noted that physical therapy was improving the patient's pain level, function, and range of motion. The clinical documentation submitted for review failed to provide the number of sessions the patient had participated in and there was a lack of documentation of the patient's remaining functional deficits. Given the above, the

request for physical therapy 3 times a week for 2 weeks followed by 2 times a week for 2 weeks, on left knee is not medically necessary.