

Case Number:	CM13-0036674		
Date Assigned:	12/13/2013	Date of Injury:	09/09/1997
Decision Date:	04/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in 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 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 patient is a 64-year-old female who reported an injury on 09/09/1997. The mechanism of injury was not provided for review. The patient ultimately underwent a 2 staged total knee arthroplasty reimplantation due to periprosthetic infection in 05/2013. The patient had developed persistent left leg and left buttock pain. The patient participated in a postoperative course of physical therapy. The patient's most recent clinical documentation noted that the patient had right knee range of motion described as complete extension and 120 degrees in flexion with excellent stability. The request was made for additional postoperative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST OP PT SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The requested 12 post op PT sessions are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 34 physical therapy visits in the postoperative management of a total knee arthroplasty. The clinical

documentation submitted for review does indicate that the patient had completed 36 postoperative physical therapy visits as of 09/16/2013. Although the patient continues to have minor range of motion deficits and pain complaints, there are no barriers to preclude further progress of the patient while participating in a home exercise program. As the patient has already participated in 36 postsurgical physical therapy sessions, the additional 12 sessions would well exceed guideline recommendations. The clinical documentation does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested 12 postoperative PT sessions are not medically necessary or appropriate.