

Case Number:	CM13-0036857		
Date Assigned:	12/13/2013	Date of Injury:	09/28/1986
Decision Date:	02/10/2014	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 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 Medicine, has a subspecialty in Disability Evaluation, 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 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 46-year-old male who injured his right knee on 9/28/86 due to a fall. He was diagnosed with knee sprain/strain and contusion status post multiple surgeries. The patient underwent right total knee replacement on 6/14/12, and irrigation and debridement on 3/4/13 and 3/18/13. He was then treated with medications and physical therapy visits from 4/17-7/11/13 with some improvement. The initial physical therapy evaluation dated 8/16/13 indicates that the patient complains of right knee pain. He has impaired sensation on the right knee with numbness and tingling. Physical examination revealed active range of motion of 45 degrees on flexion and -28 degrees on extension. Knee edema is measured as 55.8 on the right and 47.8 on the left. Manual muscle test is 2/5 on flexion and extension at the right knee. He completed eight physical therapy visits from 8/19-9/12/13. On a 9/12/13 knee test, active range of motion showed 55 degrees on flexion and -20 degrees on extension. Manual muscle test is 2/5 on flexion and extension at the right knee. There is numbness and tingling in the right knee. The total number of completed physical therapy sessions since 4/17/13 was not stated in the submitted reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The California MTUS allows for fading of physical therapy treatment from up to three visits per week to one or less, plus an active self-directed home regimen. Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. However, since this patient has already had over 30 sessions of physical therapy, the request for additional 12 sessions of physical therapy is outside the guidelines, and therefore not medically necessary.