

Case Number:	CM13-0037652		
Date Assigned:	12/18/2013	Date of Injury:	01/24/2003
Decision Date:	04/14/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine and is licensed to practice in New York. 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 year old female with a date of injury on 01/24/2003. She has a history of total knee replacements of both knees. A left total knee arthroplasty revision was done on 08/02/2011. The most recent knee arthroplasty was on 12/13/2012. On 03/28/2013 the strength was 5/5 and the range of motion was 0 to 120 degrees. On 04/22/2013 she completed 16 physical therapy visits. On 09/18/2013 she had an office visit and noted a recent popping of the knee. She reported locking of the knee. She had normal strength and range of motion. There was no instability. Another 12 physical therapy visits for the left knee was requested and 8 were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X4 FOR THE L KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 24.

Decision rationale: It is unclear how many knee physical therapy visits this patient had in total since she had multiple knee surgeries and had multiple post operative courses of physical therapy. Also, at the time of the request for the additional physical therapy she had normal

strength and normal range of motion. MTUS ACOEM page 24 for post operative physical therapy for the knee arthroplasty allows a maximum of 24 physical therapy visits over 4 months. In 04/2013 she had 16 physical therapy visits. The requested additional 12 visits would exceed the MTUS guideline; therefore 8 were certified and allowed the patient to have the maximum number of physical therapy visits. The requested 12 additional physical therapy is not consistent with MTUS guidelines.