

Case Number:	CM13-0038746		
Date Assigned:	12/18/2013	Date of Injury:	07/26/2011
Decision Date:	03/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 52 year old man who has a history of bilateral knee degenerative joint disease. MRI dated 4/2/13 showed extensive thinning of articular cartilage without meniscal tears. Conservative treatment failed and he underwent a right total knee arthroplasty on 7/8/13. Post-operative care included an initial course of 12 sessions of physical therapy, home use of a CPM device and oral analgesic medications. He was evaluated by the treating orthopedic surgeon on 9/3/13 who noted the patient was requiring less pain medication and was doing well with PT. On 9/5/13 the orthopedist ordered an additional 12 sessions of physical therapy. Utilization review yielded a modified result approving 6 of the 12 physical therapy sessions. Extensive medical records are reviewed including the operative report dated 7/8/13, visits from the treating orthopedist including 8/6/13, 9/3/13, 10/3/13 and 11/5/13, and multiple physical therapy notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY 12: 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 Physician Reviewer's decision rationale: The injured worker is underwent right total knee arthroplasty on 7/8/13 due to degenerative joint disease. He successfully completed an initial course of 12 sessions of post-operative physical therapy. Physical therapy notes indicate the patient has had improvement in ambulation, using stairs and standing in place. They describe him as being motivated and already using a home exercise program for improved strength and range of motion. The orthopedist notes state his overall improvement is good and that by 9/3/13 he was utilizing less pain medications. The MTUS notes that functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term benefit. The patient has improved with an initial course of 12 physical therapy sessions and is independent with a home exercise program. Further improvement with additional physical therapy is unlikely to yield long-term benefit. The additional 12 physical therapy sessions are not medically necessary.