

Case Number:	CM13-0040123		
Date Assigned:	12/20/2013	Date of Injury:	09/24/2010
Decision Date:	02/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He 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 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 55-year-old male who reported an injury on 09/24/2010 that ultimately resulted in left total knee replacement in 03/2013. The patient's most recent imaging study revealed the prosthesis to be in good position. The patient was treated post surgically with 32 sessions of physical therapy. The patient's most recent physical exam findings included range of motion limited from 0 to 115 degrees. The patient's diagnoses included status post left total knee replacement with mild early stiffness and loss of motion. The patient's treatment plan was continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks on the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The requested physical therapy 2 times a week for 4 weeks on the left knee is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient was treated post surgically with 32 physical therapy visits. The

patient should be well versed in a home exercise program. California Medical Treatment Utilization Schedule recommendations 24 visits of physical therapy in the postsurgical management of a total knee replacement. The request of an additional 8 visits in combination with the prior therapy exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Additionally, California Medical Treatment Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in an effective home exercise program. As such, the requested physical therapy 2 times a week for 4 weeks on the left knee is not medically necessary or appropriate.