

Case Number:	CM13-0041976		
Date Assigned:	12/20/2013	Date of Injury:	07/14/2010
Decision Date:	02/26/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 43 year old female with date of injury 07/10/10. Patient has arthrofibrosis, right knee with contractures. The patient is status post arthroscopy of the right knee with arthroscopic partial synovectomy (05/22/13, Burton). According to progress report dated 09/19/13 by [REDACTED], the patient complains of pain in the right knee. Physical examination shows patient has slight tenderness on the right knee. Physical therapy reports dated 07/11/13; shows patient has demonstrated significant improvement in range of motion of the involved right knee since initiating physical therapy services. She is now achieving full functional knee flexion and -7 to -10 degrees of knee extension ROM. She has improved strength and flexibility of the hip and thigh muscles through the involved leg. The treater is requesting a physical therapy re-evaluation to continue therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy re-evaluation to continue therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee post-surgical Page(s): 24-25..

Decision rationale: The patient presents with arthrofibrosis of the right knee with contractures. The patient is status post arthroscopy of the right knee with arthroscopic partial synovectomy (05/22/13, Burton). Based on the Utilization report dated 10/07/13, the patient has received 23 post-op physical therapy for her recent surgery on 05/22/13. MTUS guidelines p24, 25 recommends 24 visits over 10 weeks for postsurgical treatment of arthroplasty of the knee. Guidelines do not mention maintenance therapy for on-going pain. Given that the patient has received 23 physical therapy visits thus far, she should now be well versed in exercise regimens and should be transitioned into a home-based self-directed home exercise program. Furthermore, review of the reports show that the patient's knee ROM are good with improved strength and flexibility. There does not appear to be a need for on-going therapy. The treater has asked for therapy evaluation to determine additional need. However, the need for therapy needs to be determined by the treating physician. MTUS page 8 states that the treater should monitor the patient's progress. Recommendation is for denial.