MAXIMUS Federal Services

Case Number:	CM13-0043152		
Date Assigned:	12/27/2013	Date of Injury:	03/14/2006
Decision Date:	04/21/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine & Rehabilitation and Pain Management; 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 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 62 year-old female with a date of injury of March 14, 2006. The listed diagnoses include degenerative arthritis bilaterally, status post right total knee arthroplasty (TKA) with superficial infection (2010) and status post left knee TKA (November 15, 2012). According to report dated September 30, 2013, the patient presents with bilateral knee complaints. The patient states her left knee is doing ok. For the right knee, she states she has an increase in symptoms and that she has difficulty walking and needs a walker to get around. The patient states the pain is "really bad" and that the pain is keeping her awake. Examination of the right knee revealed, range of motion (ROM) 5-100 painful range of motion, positive crepitus and TTP over the medial and lateral joint. There is numbness reported along the lateral calf, x-rays were taken.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT KNEE: Upheld

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

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

Decision rationale: The patient presents with bilateral knee complaints. She is status post right knee TKA with superficial infection from November 2012. The treating physician is requesting a course of therapy targeting the right knee. Review of medical records show that the patient has received 12 physical therapy sessions, and should now be well-versed in the exercises and should now transition into a self directed home exercise program for both knees. Recommendation is for non-certification.