

Case Number:	CM13-0045141		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2012
Decision Date:	03/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/30/2013

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 and Rehabilitation 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 54-year-old injured worker who reported an injury on 01/19/2012 due to a trip and fall that resulted in a knee injury. The patient ultimately underwent total knee arthroplasty that was followed by postsurgical physical therapy. The patient's most recent clinical examination findings included restricted range of motion of the right knee described as 100 degrees in flexion. The patient had 4/5 strength of the right lower extremity. The patient's diagnoses included arthrofibrosis of the right knee, status post arthroscopic lysis of adhesions and total knee replacement surgery, postoperative stiffness and weakness, and symptomatic left knee osteoarthritis. The patient's treatment plan included 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 three times a week for four weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California Post Surgical Treatment Guidelines recommends up to 24 visits of physical therapy after this type of surgery. The clinical documentation submitted for review does provide evidence that the patient is slowly progressing under the current treatment

plan. Additionally, the clinical documentation provides evidence that the patient has previously received physical therapy for postsurgical management of the patient's right total knee replacement. However, the clinical documentation submitted for review does not specifically identify the number of visits the patient has received postsurgically. Although, the patient may benefit from continued therapy an appropriate duration cannot be determined. The request for physical therapy three times a week for four weeks for the right knee is not medically necessary and appropriate.