

Case Number:	CM13-0046443		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2003
Decision Date:	04/28/2014	UR Denial Date:	11/03/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

This is a 77-year-old male with a date of injury of 4/01/03. Mechanism of injury is not discussed in any of the submitted reports, but the patient injured multiple body parts, including both knees, the cervical spine and the lumbar spine. He has had extensive treatment to date, including being taken off work, medications, extensive physical therapy, injections, and multiple knee surgeries. The patient eventually required total knee arthroplasty surgery to both knees. The right knee was done first, and then the left knee was recently done on 4/24/13. Following the surgery, the patient had post-operative physical therapy. At least 24 sessions were completed. He progressed slowly, but steadily. By the 9/18/13 post-operative report, the patient had near normal bilateral knee range of motion with 0-100 degrees achieved. Additional sessions of therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (12 VISITS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical medicine treatment.

Decision rationale: The Guidelines recommend up to 24 sessions of physical therapy over 10 weeks with the postsurgical physical medicine treatment period approximating 4 months following a total knee arthroplasty surgery. In this case, the patient was 6 months post-operative and had completed 24 sessions of physical therapy. Though there were some residual symptoms and impairments at the knee, there was no clear medical necessity for extension beyond the guideline recommendations. The patient had improved his gait, and was able to achieve full extension and 100 degrees of flexion. There were no significant motor deficits. Therefore, the requested additional physical therapy is not medically necessary at this time.