

Case Number:	CM13-0047511		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2008
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Oklahoma and Texas. 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 64-year-old female who reported a work-related injury on 02/08/2008; specific mechanism of injury was not stated. The clinical notes document the patient has been recommended to undergo surgical interventions indicative of a left total knee arthroplasty. The provider is recommending the patient utilize preoperative physical therapy to make sure surgical interventions are more successful. The provider documents the patient presents with severe deconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative physical therapy three (3) times four (4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG Treatment Guidelines).

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

Decision rationale: The current request is not supported. It is unclear after review of the clinical documentation the patient's recent course of supervised therapeutic interventions as far as duration, frequency, and efficacy of the treatment. The provider is recommending the patient

utilize a course of preoperative supervised therapies prior to a left knee total arthroplasty; however, the current request for 12 sessions is excessive in nature. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. Given all of the above, the request for pre-operative physical therapy three (3) times four (4) is not medically necessary or appropriate.