

Case Number:	CM13-0049476		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2000
Decision Date:	03/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 1, 2000. Thus far, the patient has been treated with the following: Analgesic medications; total knee arthroplasty surgery on August 1, 2013; and unspecified amounts of postoperative physical therapy. In a utilization review report of October 21, 2013, the claims administrator denied a request for 12 sessions of postoperative physical therapy, citing a lack of documentation on the patient's response to prior physical therapy treatment. Non-MTUS ODG and third edition ACOEM Guidelines were cited, although the MTUS does address the topic. In a medical-legal report of December 11, 2013, the applicant does report persistent knee and leg pain with activities such as standing and walking. The patient exhibited an antalgic gait. The applicant's work status was not detailed at that point. However, the patient did exhibit 86 degrees of knee range of motion. The patient felt that he was improving and had lost some weight. The patient stated that he believed he had benefitted from the surgery. The medical-legal evaluator concluded that the applicant was benefiting from appropriate postoperative care. On December 3, 2013, the patient's attending provider stated that he was not using any prescription pain medications. He was apparently using over-the-counter Tylenol or Motrin. He reported 2 to 3/10 pains. He was apparently shopping and driving independently. The patient was asked to start a walking program. X-rays were taken and showed that the hardware was in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Outpatient physical therapy (PT) to the right knee 3x4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Although it is not clearly stated how much prior physical therapy the applicant had had as of the utilization review denial of October 21, 2013, the postsurgical treatment guidelines in MTUS 972.24.3 do endorse an overall course of 24 sessions of treatment in the four months following the total knee arthroplasty. The applicant was still within this four month postsurgical window as of the date of the utilization review report. The applicant was seemingly making functional improvement as evinced by reduced physical impairment, successful ability to perform activities of daily living such as shopping at the grocery store, driving a car, etc. Thus, the limited information on file does establish the presence of functional improvement through prior postsurgical physical therapy. The applicant's ability to perform activities of daily and ambulate was improved as a result of the surgery and subsequent postoperative physical therapy. Given the applicant's favorable response to the previous physical therapy, continuing the same was indicated and appropriate. Therefore, the request is certified.