MAXIMUS Federal Services

Case Number:	CM13-0053290		
Date Assigned:	12/30/2013	Date of Injury:	07/08/2011
Decision Date:	03/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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:

This is a 50-year old gentleman with a history significant for a prior right total knee arthroplasty on 10/13/12. The patient had post-op rehabilitation with PT and a CPM unit. He also has a back injury that he is concurrently being seen for by a pain specialist. The patient's post-op course was complicated by stiffness and post-op pain. He had difficulty making gains in PT, and had persistent significant ROM impairment. Though total post-op PT was not documented on this report, by 5/14/13 orthopedic follow-up, it was noted that he had completed his course of post-op PT. At that point, he was able to flex up to 110 degrees. A bone scan was done, and this was not interpreted by the treating orthopedist to indicate infection, but likely a low grade prosthesis reaction. On 6/19/13 follow-up, the patient's bone scan was reviewed, and it was noted that the patient was now only able to flex to 90 degrees. That said, the orthopedist recommended that continued therapy should be done in context of the home setting only and that the patient should be determined to be P & S. Further improvements were expected slowly over time. Despite the anticipation of progress, the patient did not improve in range, and saw the orthopedist again on 9/10/13. He had been rated by a QME as having reached MMI. He had a normal gait, but still only had 95 degrees of flexion. He was referred for a course of PT. PT was reviewed in Utilization Review on 11/01/13, and another 4 sessions of PT were authorized. This was a treatment modification from the request of PT 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the knee, 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Post-op recommendations following a TKA surgery is for 24 sessions of PT. This patient had a right TKA surgery in October of 2012. The orthopedist notes that a complete post-op course of PT was completed in his May 2013 follow-up report. Total amount of sessions completed was not disclosed. Following this, the orthopedist recommended a home exercise program, and a QME determined that the patient had reached MMI status. The orthopedist saw the patient again in September of 2013, and the patient had not continued to make progress in ROM with home exercises as anticipated. In fact, ROM was still the same and limited to 95 degrees. That said, the patient had a normal gait and no knee pain. Another course of PT 2 x 4 was recommended, but this was modified to another 4 sessions of PT by Utilization Review. Given that this patient has completed a full course of post-op PT for a TKA done in October of 2012, is documented by QME to have already reached MMI, has no new injury, does not have any knee pain, and has a normal gait, I do not clear justification for another month of PT. I do think that it was reasonable that the UR physician modified the request to 4, allowing the therapist to refresh the patient on his home exercise program and encourage him to continue regularly doing his HEP. Medical necessity of more PT than this treatment modification is not substantiated.