

Case Number:	CM13-0054508		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2011
Decision Date:	03/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/19/2013

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 Orthopedic Surgery 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 66 year old injured worker who was injured on 9/22/11, after stepping off of a bus and sustaining injury to his right knee. The clinical records available for review indicate that following a course of conservative care the claimant is status post a recent 10/2/13 right total knee arthroplasty. There is documentation of over twenty sessions of physical therapy as of the middle of November 2013. A follow up clinical assessment dated 11/18/13 is a physical therapy progress report indicating that the claimant is now with range of motion from 5-127°. It stated at that time that the claimant should continue with physical therapy through an "independent program." The physical therapist did not recommend the need for further formal physical therapy. A follow up assessment with the treating physician, [REDACTED], dated 11/11/13 indicated objectively the claimant to be with 5-116° range of motion with good straight leg raise and quadriceps function. Radiographs were stable. He recommended a course of formal physical therapy five days per week for two additional weeks and then three times per week for four weeks which would equate to 22 additional sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 5 times a week for 2 weeks, then 3 times a week for 4 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, continuation of physical therapy in this case would not be indicated. The claimant has attended greater than twenty sessions of therapy since the time of knee replacement procedure. The treating physical therapist stated that the patient was to be discharged to an independent program. The treating physician recommends the role of 22 additional sessions of physical therapy which would exceed clinical guidelines criteria for the role of therapy in the post-operative setting. The request for additional physical therapy, five times a week for two weeks, then three times a week for four weeks is not medically necessary and appropriate.