

Case Number:	CM13-0056877		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2012
Decision Date:	03/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/23/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 50 year-old with a date of injury of 09/07/12. A progress report associated with the request for services, dated 10/11/13, identified subjective complaints of knee pain decreased at 4/10. Objective findings included tenderness of the knee. Treatment has included a total left knee arthroplasty on 06/26/13. She received 20 physical therapy sessions postoperatively. The record states that her pain has decreased, range-of-motion increased, and functional use is improving. She is compliant with a home exercise program. A Utilization Review determination was rendered on 10/23/13 recommending non-certification of additional physical therapy, three (3) times a week for three (3) weeks, left knee QTY 9

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for additional physical therapy, three (3) times a week for three (3) weeks, left knee QTY 9: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) allows 24 visits of physical therapy over 10 weeks post arthroplasty with a postsurgical physical medicine period of

4 months. An initial course of therapy should be tried, which is one-half the number of visits specified in the general course of therapy. Then, with documentation of functional improvement, a subsequent course of therapy can be prescribed within the parameters of the general course of therapy. The Guidelines also specify that after completion of the general course of therapy, if it is determined that additional functional improvement can be accomplished; physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient has received this therapy and the postsurgical physical medicine period for this patient ended on 10/26/13. An additional 3 weeks of therapy would be beyond the postsurgical medicine period. Therefore, there is no documentation for the medical necessity of additional physical therapy as requested.