

Case Number:	CM13-0060049		
Date Assigned:	03/03/2014	Date of Injury:	09/15/2008
Decision Date:	05/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in 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 expert 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 injured worker is a 53-year-old female who reported injury on September 15, 2008. The injured worker underwent a total knee replacement (TKR) on June 12, 2013, and has had 30 sessions of physical therapy post-surgically. The diagnoses include post-traumatic osteoarthritis status post left TKR and a post-op foot drop with peroneal nerve palsy. The documentation from October 25, 2013 revealed that the injured worker had no instability. The injured worker had a range of motion of 0 to 120 degrees. The injured worker had continued weakness with the ankle dorsiflexion and altered sensation over the dorsal foot, which were noted to have improved. The injured worker's strength was increasing; however, the injured worker still had decreased sensation. It was indicated that the injured worker was using an ankle foot orthosis (AFO) which did not fit and caused blistering. The request was made for 12 additional sessions of physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LEFT KNEE (12 SESSIONS): 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 California MTUS Postsurgical Treatment Guidelines indicate that surgical treatment for an arthroplasty is two (2) visits. The clinical documentation submitted for review indicated that the injured worker has had 30 sessions of physical therapy. There was a lack of documentation indicating objective functional improvement and remaining functional deficits to support the necessity for further therapy. The injured worker should be well versed in a home exercise program. Given the above, the request for 12 sessions of physical therapy for the left knee is not medically necessary.