

Case Number:	CM13-0062185		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2010
Decision Date:	03/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 & 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 60 year-old patient sustained an injury of 7/13/10 while employed by [REDACTED]. Requests under consideration include physical therapy twice weekly for 3 weeks and Vicodin 5-500 mg tab qty 60. The patient is s/p right total knee arthroplasty on 7/30/13, left TKA on 7/26/11. Report of 11/14/13 from the requesting ortho provider noted patient with right knee pain. Exam showed limited range of motion in right knee with slow progress. Conservative care has included medications, bracing, therapy, and surgery. Medications list Naproxen and Vicoden 5-500 mg. Report of 12/10/12 from pain management provider noted patient stated medications are working well with list to include Naproxen, Vicodin 5-500mg, HCTZ (for hypertension), and Simvastatin (cholesterol). There was a notation of inconsistent urine toxicology of 7/30/12. Medications were refilled. There is a physical therapy noted of 8/2/13 noting 6 visits. Report from therapy dated 8/12/13 did not identify number of visits noting 1-3/10 pain level, range of 65 flexion and -10 extension; hand-written section illegible. Utilization review dated 8/22/13 approved another 6 visits of post-op PT. Therapy report of 11/13/13 noted patient's range on right knee with 125 degrees passive flexion and 123 degrees active flexion; no total quantity of visits noted. Request for additional PT was non-certified on 11/25/13 citing lack of clarification and guidelines criteria. Report from provider on 12/19/13 noted goal to reach is right knee flexion of 110 degrees and then the patient will be deemed P&S as current range is 80 degrees; however, in body of report documented 90 degrees; no mention of physical therapy report of 11/13/13 was assessed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice weekly for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 60 year-old patient sustained an injury of 7/13/10 while employed by [REDACTED]. Requests under consideration include physical therapy twice weekly for 3 weeks and Vicodin 5-500 mg tab qty 60. The patient is s/p right total knee arthroplasty on 7/30/13, left TKA on 7/26/11. Report of 11/14/13 from the requesting ortho provider noted patient with right knee pain. Exam showed limited range of motion in right knee with slow progress. Conservative care has included medications, bracing, therapy, and surgery. Medications list Naproxen and Vicoden 5-500 mg. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's TKA is now over 8 months without documented functional limitations or complications to allow for additional physical therapy. Therapy report of 11/13/13 noted patient's range on right knee with 125 degrees passive flexion and 123 degrees active flexion; no total quantity of visits noted. Request for additional PT was non-certified on 11/25/13 citing lack of medical clarification. The provider on 12/19/13 noted goal to reach is right knee flexion of 110 degrees and then the patient will be deemed P&S as current range is 80 degrees; however, in body of report documented 90 degrees; no mention of physical therapy report of 11/13/13 was assessed with measured 123 degrees active flexion. The physical therapy twice weekly for 3 weeks is not medically necessary and appropriate.