

Case Number:	CM13-0071431		
Date Assigned:	01/08/2014	Date of Injury:	02/04/2008
Decision Date:	04/22/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/27/2013

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 Occupational Medicine 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 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:

This is a 54-year-old female who sustained injury on 02/04/2008 to her right knee and right hip. Treatment history includes preoperative and postoperative physical therapy and medications. She underwent right knee bicompartmental MAKOplasty on 01/23/2013. A PT note dated 11/05/2013 (visit no. 39) indicates that patient states that overall her knee feels good. She does not feel at this point her knee is her limiting factor. The patient has continued complaints of right hip pain/catching and low back pain. Patient states that her hip will catch and be so painful that she cannot bear weight. She has similar symptoms to those she had before hip surgery several years ago. On exam, pain over anterior medial knee, and anterior hip. Mild swelling was present, but no palpable warmth. Her right hip range of motion (ROM) was 110 flexion with pinch and extension 0 with anterior pain. Right knee ROM was 118 and extension -5. Gait was right lateral trunk lean, right hip drop, inadequate knee extension in stance. The patient, with decreased hip extension, is unable to lay right lower extremity on the mat.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1-2 TIMES A WEEK FOR 6-8 WEEKS (POOL THERAPY IF AVAILABLE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, this patient is status post right knee bicompartamental MAKOpasty on 01/23/2013. As per postsurgical physical medicine treatment guidelines 24 visits over 10 weeks in 4 months period is recommended. A note dated 11/05/2013 indicates the number of visits as 39, which exceeds the guidelines recommendation of 24 visits. Also, it was noted that overall her knee feels good and she does not feel at this point her knee is her limiting factor. This patient continues to complain of right hip pain/ catching and low back pain. As such, the current request for physical therapy 1-2 times per week for 6-8 weeks appears to be for right hip and low back pain. The guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis and 9-10 visits over 8 weeks for myalgia and myositis. Thus, the request exceeds the guidelines recommended total number of visits and is non-certified.