

Case Number:	CM13-0072299		
Date Assigned:	01/08/2014	Date of Injury:	01/09/2012
Decision Date:	10/01/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old male with a work injury dated 1/9/12. The diagnoses include severe right knee degenerative joint disease (status post right total knee replacement on 3/24/14 and status post left total knee arthroplasty. Under consideration is a request for physical therapy, two (2) time a week for four (4) weeks for the right knee and additional post op physical therapy, two (2) times per week for four (4) weeks for the left knee. There is a primary treating physician report dated 5/21/14 is doing really well. He has very mild intermittent pain in the right knee, maybe 3/10, He has completed about 12 out of 16 physical therapy sessions. He still has about two weeks left or four sessions left. On examination of this right knee, his wound has healed. He is nontender over the knee. His range of motion is 5 to 102. Neurovascularly intact distally, Knee is stable to varus and valgus stress. Negative Lachmann's, anterior drawer, and posterior McMurray, The 5-/5 quadriceps strength. The patient is doing extremely well. His wound looks good, He has excellent range of motion and function. The treatment plan is to continue physical therapy for strengthening and standard rehab protocol after knee replacement. He has done about 12 sessions, He has about four remaining. There is a request to continue two times a week for four weeks, so he gets an additional eight sessions. This will bring his total up to 24. He is retired. A 1/10/14 progress note states that the patient is doing well His left knee feels good. There is really no pain in there. He is ambulating without assistive device, but he is still having a lot of pain in the right knee, that is far worse than the left at this point. He just received authorization for physical therapy. On examination of both his knees; on the left knee, his wound is healed. He is nontender throughout the knees. Range of motion is really 2 to 100, Neurovascularly intact distally. He is stable to varus and valgus stress. Negative anterior drawer with 5-/5 quadriceps strength. Examination of his right knee reveals tenderness over the medial

joint line. Range of motion is 4 to /15. Neurovascularly intact distally. The knee is stable to varus and valgus stress. Negative Lachmann's and anterior drawer. 5/5 quadriceps strength. Positive crepitus. The diagnoses are Status post left total knee replacement, now five months out. The plan states that the patient is doing well as far as his left knee is concerned. He received authorization for another three physical therapy sessions on the left knee. He will complete those. He also received authorization for three physical therapy sessions on the right knee. He will complete these six sessions total and come back for follow up in a month. At that point, there will be no further treatment for the left knee, but the right knee may benefit from future cortisone shots, Synvisc injections, and eventual knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee

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

Decision rationale: A request for physical therapy, two (2) times a week for four (4) weeks for the right knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the original request was made in December 2013. It is unclear from the documentation submitted how much therapy prior to surgery the patient has had for this condition. Without clear documentation the amount of prior therapy and outcome of this therapy, physical therapy for the right knee is not medically necessary. Therefore, the request for physical therapy, two (2) times a week for four (4) weeks for the right knee is not medically necessary.

ADDITIONAL POST-OP PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee

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

Decision rationale: Additional post op physical therapy, two (2) times per week for four (4) weeks for the left knee is not medically necessary, per the MTUS guidelines. The documentation is not clear on how much prior therapy the patient has had and objective measurements of outcomes from prior therapy. The guidelines recommend up to 24 post op visits for this condition. Without clarification of this information additional post op therapy for the left therapy

is not recommended as certified. Therefore, additional post op physical therapy, two (2) times per week for four (4) weeks for the left knee is not medically necessary.