

Case Number:	CM14-0000319		
Date Assigned:	01/10/2014	Date of Injury:	09/13/2001
Decision Date:	04/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 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:

The patient is a 60 year old male who was injured on 09/13/2001. The mechanism of injury is unknown. The patient is being treated for his right knee at present. The prior treatment history has included physical therapy and medications which include Simvastatin 80 mg qd, Neurontin 600 mg 3 tid, Diazepam 5 mg 1 bid, Temazepam 30 mg 1 hs, Omeprazole 20 mg qd, Lisinopril 10 mg 1 qd, Norco 10/325 mg 1 tid and Cyclobenzaprine HCL 10 mg 1 bid. Diagnostic studies reviewed include chest x-ray dated 04/08/2013 showing no acute cardiopulmonary abnormality detected radiographically. X-ray of the right knee dated 05/14/2013 shows status post right knee total arthroplasty without evidence of malignant or obvious fracture. Postoperative changes including overlying skin staples and subcutaneous air noted. Vascular calcifications are present. A pathology report of bone and tissue, right knee, total knee arthroplasty dated 05/14/2013 reveals eburnation of bone and degenerative changes overlying articular cartilage, compatible with degenerative joint disease, associated tendinoligamentous tissue and fibrofatty Synovium with focal calcium deposition and no malignant neoplastic process or significant acute inflammatory elements identified. The patient has undergone a total right knee replacement on 05/14/2013. Orthopedic note from [REDACTED], dated 12/05/2013 states that the patient would benefit from a series of physical therapy to strengthen his gait pattern and walking pattern in both his lower extremities to prevent fall and further damage to any of his joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR EIGHT WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As per California MTUS guidelines, recommendations for postsurgical treatment, arthroplasty is 24 visits over 10 weeks. The physical therapy records available, ending on 9/19/2013, document the patient received 23 of the 24 approved sessions. The request is for 2x8 (16) sessions of physical therapy which exceeds the guidelines recommendation of total number of sessions allowed. Also, in the absence of documented continuing functional improvement, the medical necessity for additional physical therapy visits is non-certified.