

Case Number:	CM14-0000839		
Date Assigned:	01/22/2014	Date of Injury:	07/09/2012
Decision Date:	06/06/2014	UR Denial Date:	12/30/2013
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 Orthopedic Surgery 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 53-year-old male custodian sustained an industrial injury on 7/9/12 during an altercation with another employee, when he struck his left knee and twisted it. He underwent left knee arthroscopy with partial medial and lateral meniscectomies and chondroplasty on 11/20/12 and left total knee arthroplasty on 8/30/13. Records indicate that post-operative physical therapy was provided for 26 visits as of 12/19/13. An additional request for physical therapy 2x4 (total 34 visits) was approved on 12/11/13. The 12/30/13 physical therapy progress report (visit #27) documented the knee was feeling fine and 8 more visits had been authorized. The patient was reported independent with self-managing pain and in his home exercise program. Left knee active range of motion was within functional limits, gait was normalized, strength deficits were improved, and swelling was decreased. The 12/30/13 utilization review decision denied additional physical therapy as there was no indication why a home exercise program would be insufficient to address any residual deficits. Twenty-nine physical therapy visits were provided as of 1/10/14. The 1/22/14 treating physician report stated that the patient was improving week to week. Left knee exam findings documented well-healed incision, mild warmth, minimal effusion, no erythema, range of motion 0-110 degrees with pain, no valgus or varus instability, and no weakness. X-rays documented a well-aligned, well-fixed left total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT KNEE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Post-Surgical Treatment Guidelines for total knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The post-surgical physical medicine period would have continued through 2/28/14. Post-operative physical therapy was provided for 27 visits as of 12/30/13 with an additional 7 visits previously approved, to a total of 34 visits. Physical therapy treatment goals were reported as being met. Active left knee range of motion was within functional limits, strength was normal, pain was self-managed, and the patient was independent in home exercise. There is no compelling reason to support the medical necessity of additional supervised physical therapy versus an independent home program. Therefore, this request for additional post-operative physical therapy 2 times per week for 4 week for the left knee is not medically necessary.