

Case Number:	CM14-0000915		
Date Assigned:	01/22/2014	Date of Injury:	01/26/2006
Decision Date:	09/11/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 & 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:

This is a 57-year-old female with a 1/26/06 date of injury. She was seen on 11/20/13 for admission for a right knee arthrotomy. She had postoperative physical therapy (PT) while in the hospital, and home health care post op. A follow up progress note (date not provided), stated the patient has had physical therapy to the right knee. Exam findings reveal flexion to 120 degrees and Ext at 0 degrees with crepitus. The treatment plan was to continue with a home exercise program. Home post op PT notes were not provided. Treatment to date: medications, PT, right knee arthrotomy. The UR decision dated 12/6/13 modified the decision from 12 sessions of home health care PT to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care physical therapy (3 times 4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post Surgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Preface.

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. In addition, MTUS post surgical treatment guidelines allow for 12 visits over 12 weeks for this patient's knee arthrotomy. However, the full amount of physical therapy sessions are generally not all granted at the same time as ODG states a 6 sessions trial is appropriate to assess for benefit. The UR decision allowed for 6 visits to establish efficacy, which is reasonable and in accordance with guidelines. In addition, there is a lack of documentation with regard to these 6 sessions regarding the degree of efficacy and a rationale for further sessions of therapy is unclear. Therefore, the request for home health care physical therapy (3 X 4) as requested is not medically necessary.