

Case Number:	CM14-0003884		
Date Assigned:	02/21/2014	Date of Injury:	10/04/2012
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/10/2014

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 Texas. 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 injured worker is an 82 year old male who reported an injury on 10/04/2012 secondary to an unknown mechanism of injury. His diagnoses include osteoarthritis of the right knee, knee pain, and knee sprain. The injured worker underwent a partial lateral meniscectomy, extensive synovectomy, and chondroplasty of the right knee on 01/15/2013. He also underwent a total knee arthroplasty of the right knee on 08/23/2013. Physical therapy notes submitted for review indicate that the injured worker attended at least 20 physical therapy sessions postoperatively between 09/10/2013 and 11/08/2013. During the most recent course of physical therapy, it was noted that right knee flexion increased from 105 degrees to 107 degrees. It was also noted that right knee extension improved from 5 degrees to 4 degrees. The physical therapy notes indicate an inability to test strength or muscle performance of the right knee. The injured worker was evaluated on 01/28/2014 and reported slight knee pain. On physical examination, he was noted to have minimal swelling of the right knee without ligamentous laxity or effusion. He was also noted to have 10 to 90 degrees of flexion and extension of the right knee. The injured worker was recommended for continued physical therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 3 TIMES A WEEK FOR 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 99

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Postsurgical Treatment Guidelines state that functional exercises after a total knee arthroplasty may result in small to moderate short-term, but not long-term, benefit. The MTUS Guidelines may recommend up to 24 postoperative physical therapy visits following a total knee arthroplasty with ongoing documentation of objective functional improvement. According to the physical therapy notes submitted for review, the injured worker has attended at least 20 postoperative physical therapy visits for the right knee. Therefore, the request for an additional 12 visits is excessive according to the evidence-based guidelines for treatment duration. Additionally, the injured worker was noted to have improved range of motion values by 2 degrees of flexion and 1 degree of extension. There is a lack of recent documented evidence to indicate that the injured worker has achieved significant functional gains regarding strength and range of motion with the 20 physical therapy visits already completed. Therefore, it cannot be determined that the injured worker would benefit from additional physical therapy. In the absence of significant functional gains, and based on Guideline recommendations for treatment duration, an additional 12 visits of physical therapy is not warranted at this time. As such, the request is not medically necessary and appropriate.