

Case Number:	CM14-0003970		
Date Assigned:	02/05/2014	Date of Injury:	10/04/2012
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
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 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:

The patient is an 82 year-old male who was injured on 10/4/12. He has been diagnosed with unspecified knee sprain; postsurgical status; and knee pain. According to the 12/10/13 orthopedic report from [REDACTED], the patient presents with constant slight pain in the right knee. Range of motion was 0-95. He is using a Dynasplint and attending physical therapy. The plan was for additional physical therapy 3x4. On 12/23/13 a Utilization Review determination denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE (3) TIMES PER WEEK RIGHT KNEE PER REQUEST FOR AUTHORIZATION 12/3/2013 QTY: TWELVE (12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, POST SURGICAL TREATMENT GUIDELINES,

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

Decision rationale: The patient presents with right knee pain. The medical records show the patient underwent right knee total knee arthroplasty on 8/23/13. The MTUS Postsurgical

Guidelines state the postsurgical physical medicine treatment timeframe for TKA is 4 months. At the time of the request, the patient has 20 days remaining in the postsurgical timeframe. This is about 3-weeks, and at the frequency of 3x/week, this is 9 sessions. The remaining 3 sessions would fall under the MTUS Chronic Pain guidelines, and the patient was reported to have had 51 PT sessions total, including 24 post-operative visits. The MTUS Chronic Pain Guidelines allows up to 8-10 sessions of PT for various myalgias and neuralgias, but when combined with the prior 27 sessions of PT, the 3 PT visits outside the postsurgical physical medicine timeframe will exceed the MTUS Chronic Pain Guidelines' recommendations. The request is therefore not medically necessary and appropriate.