

Case Number:	CM14-0007498		
Date Assigned:	02/10/2014	Date of Injury:	10/17/2001
Decision Date:	06/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/21/2014

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, has a subspecialty in Sports Medicine 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 a 41-year-old female who reported an injury on 10/17/2001. The mechanism of injury was the injured worker lifted a case of beer and tore her ACL on her left knee. The injured worker underwent a total knee arthroplasty on 08/05/2013. The documentation submitted for review indicated the injured worker had 36 sessions of postoperative physical therapy. The documentation of 12/09/2013 revealed the injured worker had strength of 4/5 initially and strength on re-evaluation on 12/09/2013 was grossly 5-/5. The injured worker's pain initially was 5/10 and pain at re-evaluation was 2/10. The injured worker's range of motion was initially 20 to 80 degrees with active range of motion and 10-90 degrees with passive range of motion. Upon re-evaluation, the injured worker's range of motion was 20 to 80 degrees on active motion and 5 to 100+ degrees in passive range of motion. The initial problem was ambulation with SPC, and the current status is gait ambulation on flexed knee. The treatment plan included 12 additional physical therapy sessions per the DWC RFA. The diagnoses were left total knee arthroplasty and knee arthrofibrosis.

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 LEFT KNEE: Upheld

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

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate that postsurgical treatment for an arthroplasty is 24 visits over 10 weeks. The clinical documentation submitted for review indicated the injured worker had utilized 36 sessions of postoperative therapy. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, there was a lack of documentation indicating objective functional deficits that remained to support the necessity for ongoing therapy. The injured worker should be well-versed in a home exercise program. Given the above, the request for additional physical therapy 3 times a week for 4 weeks for the left knee is not medically necessary.