

Case Number:	CM14-0009646		
Date Assigned:	02/14/2014	Date of Injury:	08/02/2011
Decision Date:	08/01/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine, 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 a 59-year-old who has submitted a claim for status post left knee replacement associated with an industrial injury date of August 2, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left knee pain. Physical examination revealed decreased left knee strength and an unsteady gait/poor balance. Surgical incision on left knee has healed with no drainage, bleeding, odor or s/s of infection. There was continued lower extremity edema. There was tenderness over the left and right medial joint lines. McMurray's test was positive on the right. Both active and passive ranges of motion were decreased. Treatment to date has included medications, physical therapy, occupational therapy, arthroscopic surgery, and left total knee replacement (September 18, 2013). Utilization review from January 15, 2014 modified the request for therapeutic exercises for twelve visits to six sessions of physical therapy because the patient is past the post surgical physical medicine period of four months and he was in a rehab facility and has had more physical therapy than the guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to three visits per week to one or less plus active self-directed home physical medicine. The Postsurgical Treatment Guidelines state that physical therapy for postsurgical treatment of knee arthroplasty is recommended for 24 visits over ten weeks. In this case, the patient underwent total knee replacement on September 18, 2013. Following surgery, the patient was admitted and had in-patient occupational and physical therapy. Records indicate that therapy was done 3 times a week throughout the duration of admission. Significant improvement was noted and a PR dated January 4, 2014 mentioned that previous patient's goals have been met and patient is independent with all activities of daily living. Guidelines support 24 physical therapy sessions following surgery. The exact number of therapy sessions completed is not known. Utilization review done January 15, 2014 approved 6 additional sessions as a compromise and it was agreed upon that following therapy, the patient would be released to a self-directed active exercise program as recommended by the Chronic Pain Medical Treatment Guidelines. The patient, by now, should be well versed with a home exercise program given that he has had several physical therapy sessions. Furthermore, the request failed to specify the specific body part to be treated and the number of sessions required. Therefore, the request for therapeutic exercises is not medically necessary or appropriate.