

Case Number:	CM14-0010522		
Date Assigned:	02/21/2014	Date of Injury:	06/10/2010
Decision Date:	08/01/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 65-year-old female who has submitted a claim for left knee pain, status post total knee arthroplasty, associated with an industrial injury date of June 10, 2010. Medical records from 2013 were reviewed. The progress report, dated 12/30/13, showed mild diffuse pain of the left knee. Physical examination revealed trace of effusion and tenderness of the left knee. Strength was 4/5 for both flexion and extension. The patient has a history of peroneal nerve palsy and polio at the age of one affecting the left thigh. Treatment to date has included total knee arthroplasty as of 8/29/13 and 36 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines state that physical therapy for postsurgical treatment of knee arthroplasty is recommended for 24 visits over 10 weeks. In this case, the patient underwent left knee arthroplasty on 8/29/13. The patient had completed 36 sessions of post-op physical therapy because of the complicating issue of polio. However, the present request of additional 12 sessions far exceeds the guideline recommendation

of the number of recommended visits. The patient is currently doing a home exercise program which should be sufficient to sustain and improve strength from any further chronic weakness. Therefore, the request for additional 12 sessions of physical therapy for the left knee is not medically necessary.