

Case Number:	CM14-0011084		
Date Assigned:	06/09/2014	Date of Injury:	04/12/2002
Decision Date:	07/29/2014	UR Denial Date:	01/21/2014
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:

This 64-year-old female sustained an industrial injury on 4/12/02. The mechanism of injury was not documented. Past medical history was positive for right total knee arthroplasty on 9/25/11. A left total knee arthroplasty was performed on 6/17/13. The 12/10/13 orthopedic progress report indicated the patient had decreased pain and was attending physical therapy. Physical exam noted the wound was benign and she walked with a cane. The treatment plan recommended continued physical therapy and refilled medications. The 1/14/14 QME report indicated that the patient had undergone total knee arthroplasty with 12 post-operative physical therapy sessions that helped possibly 45%. There was grade 7 left knee pain, mostly posterior, with swelling, stiffness and dysfunction. The patient had progressed from a walker to a cane most of the time. Additional complaints included low back pain and bilateral hand complaints. Physical exam documented left knee swelling, inability to ambulate with a cane, markedly antalgic gait with a cane, markedly poor balance, stands in a camptocormic posture, and left knee stance is slightly valgus. There was medial and lateral joint line tenderness, generalized thickening of the left knee joint, knee range of motion 0-100 degrees, lower extremity strength is symmetrical, and medial collateral ligament laxity on valgus stress. The QME opined that additional supervised physical therapy would not make any difference, and the patient should be encouraged in a home exercise program. The 1/21/14 orthopedic progress report indicated the patient was stable and wounds were okay. The treatment plan recommended continued physical therapy. The 1/21/14 utilization review denied the request for physical therapy as the patient had completed 24 visits of physical therapy with on reported objective benefits. There was no indication why she was unable to complete her rehabilitation with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week times four weeks for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Post Operative Knee Arthroplasty Protocol Page(s): 24.

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

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period expired on 12/17/13. California MTUS Chronic Pain Medical Treatment Guidelines would apply. The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There is no current documentation of objective functional improvement achieved with post-operative physical therapy. Current exam findings documented functional range of motion with symmetrical lower extremity strength. There are no functional treatment goals documented for continued physical therapy beyond the post-surgical period. The patient has been instructed in a home exercise program and reports compliance. There is no compelling reason to support the medical necessity of supervised physical therapy over continuation of an independent home exercise program. Therefore, this request for physical therapy two times a week times four weeks for left knee is not medically necessary.