

Case Number:	CM14-0011801		
Date Assigned:	02/21/2014	Date of Injury:	02/08/2008
Decision Date:	07/21/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology; has a subspecialty in Pain Management; and is licensed to practice in Tennessee. 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 63-year-old female who has submitted a claim for left knee dislocation, tear of medial/lateral cartilage/meniscus of knee, and dislocation of patella status post left TKA, MCL repair, associated with an industrial injury date of February 8, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain and swelling in her left lower leg. Physical examination revealed 0-110 degrees range of motion, moderate patellofemoral crepitus, a positive patellar grind test and slight medial opening. Motor strength was 4/5 for the quadriceps and hamstrings. There was tenderness over the medial and lateral joint lines. Treatment to date has included left total knee arthroplasty, MCL repair 11/13/13, medications, and 22 post-operative PT sessions. Utilization review from January 23, 2014 denied the request for post-operative physical therapy 3 times a week for 3 weeks because the patient has had 22 post-op sessions. It was also recommended that the patient complete the 2 remaining visits and complete the ultrasound vascular venous of the left lower extremity first before being re-evaluated in order for efficacy and direction of treatment. Another utilization review done February 12, 2014 modified the request for physical therapy 3 sessions per week for 4 weeks to physical therapy 3 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR THREE (3) WEEKS: 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 in 2013. As cited from the UR dated 1/23/2014, the patient has already completed 22 sessions of postoperative physical therapy with another 2 already scheduled. There was significant improvement noted. Since guidelines support 24 PT sessions following surgery, the request for an additional 9 sessions would far exceed guideline recommendations. Another utilization review done 2/12/14 approved 6 sessions of post-op PT, which brings the total number of PT sessions to 30. The patient, by now, should be well versed with a home exercise program given that she has had several PT sessions. Also, the request failed to specify the specific body part to be treated. Therefore, the request for POST OP PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR THREE (3) WEEKS is not medically necessary.