

Case Number:	CM14-0014628		
Date Assigned:	02/28/2014	Date of Injury:	01/04/2011
Decision Date:	07/22/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 65-year-old female who has submitted a claim for associated with iliotibial band tightness status post right total knee arthroplasty (06/12/2013) associated with an industrial injury date of 01/04/2011. Medical records from 04/22/2013 to 01/29/2014 were reviewed and showed that patient complained of tenderness along the lateral aspect of her knee which was aggravated with prolonged walking or standing. . Physical examination revealed well-healed right knee incision with normal gait. The right knee was well-aligned and stable with no edema. Mild tenderness was noted along the iliotibial band. Full extension of the right knee and flexion to 125 degrees varus-valgus and anterior-posterior stable was noted. X-ray of the right knee done 04/22/2013 revealed mild tricompartmental arthritis of the right knee joint. Treatment to date has included right total knee arthroplasty (06/12/2013), 36 completed visits of post-operative physical therapy, home exercise program and pain medications. Utilization review, dated 01/28/2014, denied the request for twelve visits of physical therapy sessions because the patient had an extensive course of physical therapy following a total knee replacement surgery but has plateaued with care. The patient is engaged in a home exercise program and there is no support for continuing formal physical therapy when it is no longer being of benefit to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to pages 98-99 of the CA MTUS 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. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. CA MTUS Postsurgical Treatment Guidelines state that functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term, therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. In this case, the patient has already had 36 visits of post-operative physical therapy. The CA MTUS Guidelines explicitly state that independent HEP should be carried out by the patient. Body part to be treated is likewise not specified. Therefore, the request for 12 sessions of Physical Therapy for the right knee is not medically necessary.