

Case Number:	CM14-0015722		
Date Assigned:	03/03/2014	Date of Injury:	03/19/2012
Decision Date:	07/09/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 50-year-old male who reported an injury on 03/19/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included bilateral total knee arthroplasty with the right knee completed on 05/26/2013, followed by the left knee on 10/10/2013. This was followed by extensive postoperative physical therapy. The injured worker was evaluated on 01/08/2014 after completing approximately 12 visits of physical therapy. Physical findings included decreased motion of the bilateral knees described as 0 to 95 degrees in flexion of the right knee and 0 to 90 degrees in flexion of the left knee. Additional physical therapy was recommended. A Request for Authorization for physical therapy 2 times a week for 8 weeks dated 01/08/2014 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL SIXTEEN (16) PHYSICAL THERAPY SESSIONS FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for an additional 16 physical therapy sessions for the bilateral knees is not medically necessary or appropriate. California Medical Treatment Utilization Schedule (MTUS) recommends up to 24 visits of physical therapy and post surgical management of total knee replacements. The clinical documentation does have significant limitations of the right knee that could benefit from further therapy. However, the significantly limited range of motion does not support that the injured worker is making significant functional gains. Therefore, further therapy would not be indicated for the right knee. Additionally, the clinical documentation indicates that the injured worker has participated in 12 visits of physical therapy for the left knee. This, in combination with the requested 16 visits, exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested additional 16 physical therapy sessions for the bilateral knees are not medically necessary or appropriate.