

Case Number:	CM14-0110108		
Date Assigned:	08/01/2014	Date of Injury:	03/18/2004
Decision Date:	12/31/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty in Fellowship trained in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 65-year-old male who reported an injury on 03/18/2004. The mechanism of injury was not clearly provided. The injured worker's diagnoses included limited joint range of motion. The injured worker's past treatments included physical therapy and medications. The injured worker's diagnostic testing included x-rays of the right knee, which revealed a TKA in good position and alignment. The injured worker's surgical history included an arthroscopic lysis of adhesions and removal of intra-articular sclera followed by closed manipulation of the knee, performed on 04/11/2014. On 04/24/2014, the injured worker reported participating in physical therapy daily. He reported range of motion is passive 5-110. He had about 5-100. The injured worker was noted with limited joint range of motion status post a total knee arthroplasty to the right knee. The injured worker's medications included Zyrtec 10 mg, Norco 10/325 mg, Zocor 10 mg, Cialis 20 mg, Flomax 0.4 mg, and Diovan 8 mg. The request was for physical therapy 3 times 4 for the right knee. The rationale for the request was that the injured worker was to try a different physical therapy. The Request for Authorization form was signed and submitted on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the California MTUS/ACOEM Guidelines, comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate, prescribed pharmaceuticals or physical methods can be added. 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 functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to include range of motion in the joint. The guidelines may recommend up to 24 visits over 10 weeks for postsurgical treatment of a total knee arthroplasty. The injured worker reported participating in physical therapy daily. The documentation did not indicate how many visits had been completed. The documentation did not provide sufficient evidence of significant objective functional improvement and documented evidence of an objective decrease in pain as a result of the completed physical therapy. In the absence of documentation with sufficient evidence of the number of completed physical therapy sessions, and significant objective functional improvement as a result of the physical therapy, the request is not supported. Therefore, the request for Physical Therapy 3 times 4 for the Right Knee is not medically necessary.