

Case Number:	CM14-0113108		
Date Assigned:	08/01/2014	Date of Injury:	07/23/2009
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/18/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 60-year-old male with a date of injury of 07/23/2009. According to progress report, 06/19/2014, the patient is: 1. Status post right knee arthroscopy, partial medial and lateral meniscectomy on 11/18/2011.2. Status post right knee TKA (Total Knee Arthroplasty) on 08/03/2011.3. Status post right knee aspiration and medial gastroc flap on 08/29/2012.4. Status post infection of the knee on 04/19/2013.5. Status post PICC (Peripherally Inserted Central Catheters) insertion on 04/22/2013.6. Status post revision of the right TKA (Total Knee Arthroplasty) on 10/29/2013. This patient is status post right TKA (Total Knee Arthroplasty) on 10/29/2013. He ambulates well without assistive device. His right knee ROM (Range of Motion) is improving, but he notes continued quad atrophy and weakness. Treater states the patient has "right TKA (Total Knee Arthroplasty) chronic periprosthetic infection, 8 months status post stage reimplantation, and healing well." Treatment plan is for continuation of physical therapy for aggressive right knee ROM and quad strengthening. The treater is also requesting "antibiotics per ID service." Report, 04/30/2014, indicates the patient has a history of knee periprosthetic infection. The request is for continuation of physical therapy for the right knee and antibiotics. Utilization review denied the request on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Right Knee (quantity unspecified): Upheld

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

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

Decision rationale: This patient is status post right TKA (Total Knee Arthroplasty) on 10/29/2013. The treater is requesting "continuation of physical therapy for the right knee." Review of the medical file indicates the patient participated in 12 physical therapy sessions from 01/21/2014 through 02/19/2014. On the 12th visit, the physical therapist noted patient continues with stiffness and "still challenged with going down stairs." Prior Physical Therapy progress report notes under subjective section "not bad." This patient is outside the postsurgical timeframe. For physical medicine, the MTUS Guidelines pages 98 and 99 recommends for myalgia-, myositis-type symptoms 9 to 10 sessions over 8 weeks. The patient has undergone a recent course of 12 sessions with some noted minor benefits. The treater is requesting "additional physical therapy for the right knee." Quantity of sessions being requested is not specified. In this case, the requested additional physical therapy exceeds what is recommended by guidelines as the patient has already participated in 12 recent Physical Therapy sessions. Furthermore, the treater does not discuss why the patient would not be able to transition into a self-directed home regimen program. Therefore, the request for Physical Therapy for Right Knee (quantity unspecified) is not medically necessary and appropriate.

Antibiotics (name/dosage unspecified): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient is status post right TKA (Total Knee Arthroplasty) on 10/29/2013. The treater is requesting antibiotics, as the patient has "right TKA (Total Knee Arthroplasty) chronic periprosthetic infection, 8 months status post stage reimplantation, and healing well." Utilization review denied the request stating, "While this request may be reasonable, the specific antibiotic, strength, dosing is not specified." MTUS page 8 does require that the treating physician provide monitoring and make appropriate recommendations. In this case, given the patient's chronic history of infection and treater's request for a round of antibiotics, the request of Antibiotics (name/dosage unspecified) is medically necessary and appropriate.