

Case Number:	CM14-0126746		
Date Assigned:	08/13/2014	Date of Injury:	04/16/2013
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 while pulling a pallet jack weighing 2,000 pounds on 04/16/2013. The clinical note dated 08/18/2014 indicated diagnoses of: status post right shoulder arthroscopy dated 07/2012 with residuals; left knee complex medial and lateral meniscus tears; left knee anterior cruciate ligament full thickness tear with severe tricompartmental osteoarthritis and severe joint space narrowing; and status post left total knee arthroplasty dated 03/21/2014. The injured worker complained of intermittent left knee pain rated 4/10 with associated soreness. The injured worker reported his left knee pain increased with prolonged walking. The injured worker reported that his home exercise program had been on hold due to pain. The injured worker reported he was not attending physical therapy treatment at this time. The injured worker reported his current medications included Norco and Soma, which he had taken on an as needed basis and also included topical creams for pain relief. On physical examination, his left knee range of motion had flexion of 110 degrees and extension of 5 degrees. The injured worker's treatment plan was continue with a home exercise program. The injured worker's prior treatments included diagnostic imaging, surgery, medication management, and 24 sessions of post-operative physical therapy. The provider submitted a request for physical therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times 4 weeks: 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 Physical Therapy 3 times 4 weeks is not medically necessary. The CA MTUS Post-Surgical Guidelines recommend 24 visits over 10 weeks for postsurgical treatment following an arthroplasty. The postsurgical physical medicine treatment period is 4 months. The medical records provided indicate the injured worker is status post a left total knee arthroplasty on 03/21/2014. The injured worker completed 24 post-operative physical therapy visits. There is a lack of documentation indicating the injured workers prior course of physical therapy to verify functional improvements made. The completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching and range of motion. There is no indication of any significant residual functional deficits to support the request for 12 additional physical therapy sessions. In addition, the request for 12 additional sessions exceeds the guideline recommendations and is outside the recommended postsurgical physical medicine treatment period of 4 months. Furthermore, the request does not indicate a site for physical therapy. Therefore, the request for Physical Therapy 3 times 4 weeks is not medically necessary.