

Case Number:	CM14-0133266		
Date Assigned:	08/22/2014	Date of Injury:	08/05/2003
Decision Date:	09/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 56-year-old female who has submitted a claim for unspecified derangement of knee associated with an industrial injury date of August 5, 2003. Medical records from 2014 were reviewed, which showed that the patient complained of right shoulder, hand, low back, bilateral wrist, bilateral knee, and right trochanteric area pain. She had gained over 100 pounds and weighed 275 pounds. With a height of 5 feet and 7 inches, the patient's body mass was 43.1. It is noted that the patient has a history of hypertension with suspected diabetes. However, diabetes had not been confirmed. On examination, there was tenderness along the knee on the right and left. There was no weakness to resisted function. Knee extension was measured at 120 degrees on the right and 180 degrees on the left. Flexion was at 90 degrees on the right and 135 degrees on the left. The patient had a positive compression testing, greater on the right than the left as well. There was a negative inhibition test. There was a positive patellar tilt test bilaterally. She was diagnosed with internal derangement of the right knee status post 2 arthroscopies with chondromalacia and meniscectomies performed. Total knee replacement was planned on the right knee as stated on a progress note dated July 23, 2014. Treatment to date has included injection therapy, hyaluronic injections, physical therapy TENS unit, back brace, cold/heat application, multiple surgical procedures and medications such as NSAIDS, muscle relaxants, analgesics, opioids, and topical medications. Utilization review from August 7, 2014 denied the request for 18 Outpatient Postoperative Physical Therapy Sessions and 18 In-Home Physical Therapy Sessions because the number of visits exceeded the recommended number of initial visits. Moreover, the requests were also denied because the requested surgical procedure, which supposedly necessitated the postoperative physical therapy, according to the UR was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Outpatient Postoperative Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommend 24 visits over 10 weeks of post-operative physical therapy for knee arthroplasty. Postsurgical physical medicine treatment period is up to 4 months. In this case, patient presented with unrelenting right knee pain with current treatment plan involving total knee replacement. However, it is unclear if the surgical procedure has been certified by previous utilization reviews due to lack of documentation. The medical necessity for post-operative PT cannot be established due to insufficient information. Therefore, the request for 18 Outpatient Postoperative Physical Therapy Sessions is not medically necessary.

18 In-Home Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommend 24 visits over 10 weeks of post-operative physical therapy for knee arthroplasty. Postsurgical physical medicine treatment period is up to 4 months. In this case, patient presented with unrelenting right knee pain with current treatment plan involving total knee replacement. However, it is unclear if the surgical procedure has been certified by previous utilization reviews due to lack of documentation. The medical necessity for post-operative PT cannot be established due to insufficient information. Therefore, the request for 18 In-Home Postoperative Physical Therapy Sessions is not medically necessary.