

Case Number:	CM14-0135858		
Date Assigned:	08/29/2014	Date of Injury:	03/10/2014
Decision Date:	10/02/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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 60 year old male who reported an injury on 03/10/2014 due to having been pinned between a truck and a trailer. The diagnoses included left knee osteoarthritis. Past treatments included physical therapy and a Celestone injection. Diagnostic studies included x-rays of the left knee on 04/02/2014 that revealed tricompartmental severe arthritis. No pertinent surgical history was provided. On 05/08//2014 the injured worker reported left knee pain on the lateral aspect and under the patella. Examination of the left knee revealed 3+ tenderness to the medial joint line, 2+ patellofemoral crepitation, and 1+ effusion. On 06/05/2014, the injured worker was recommended for a total knee replacement. Objective findings were noted to be unchanged. Current medications were not provided. The rationale for the request was for post-operative physical therapy following the recommended knee surgery. The request for authorization was signed and dated on 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy, 9 sessions: Upheld

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

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

Decision rationale: The request for home health physical therapy, 9 sessions is not medically necessary. The CA MTUS Post-Surgical Guidelines state if post-surgical physical medicine is medically necessary, an initial course of therapy may be prescribed. An initial course of therapy is equal to one half the recommended number of visits specified for the surgery. The guidelines recommend 24 visits over 10 weeks following an arthroplasty; therefore, the initial course of therapy would be 12 visits. The medical records provided indicate the injured worker was recommended for a left total knee replacement and post-operative physical therapy was requested. There is a lack of documentation indicating that surgery had been approved or scheduled. Without documentation regarding the surgery, the request is not supported. In addition, the submitted request does not specify the frequency or site of treatment. As such, the request for home health physical therapy, 9 sessions is not medically necessary.