

Case Number:	CM14-0137863		
Date Assigned:	09/05/2014	Date of Injury:	03/21/2013
Decision Date:	10/28/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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 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:

This patient sustained an injury on 3/21/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 12 sessions. Diagnoses include left total knee arthroplasty on 12/13/13, manipulation under anesthesia on 5/17/14 with 24 post-operative physical therapy sessions post MUA. Report from the provider of 7/22/14 noted the patient with continued severe pain. Exam showed diffuse tenderness in the knee; range of 15/110 degrees with motor strength of 4-5/5 and normal DTRs. Treatment included continuing with PT. The request(s) for Physical Therapy 12 sessions was non-certified on 8/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee Page(s): 14-15.

Decision rationale: This patient sustained an injury on 3/21/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 12 sessions. Diagnoses

include left total knee arthroplasty on 12/13/13, manipulation under anesthesia on 5/17/14 with 24 post-operative physical therapy sessions post MUA. Report from the provider of 7/22/14 noted the patient with continued severe pain. Exam showed diffuse tenderness in the knee; and range of 15/110 degrees with motor strength of 4-5/5 and normal DTRs. Treatment included continuing with PT. The request(s) for Physical Therapy 12 sessions was non-certified on 8/8/14. The Chronic Pain Guidelines, post-operative therapy allow for 20 visits over 4 weeks for manipulation under anesthesia over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's procedure is now over 5 months without documented functional ADL limitations, procedural complications, or co-morbidities to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered or identified limitations still evident for further therapy. The Physical Therapy 12 sessions is not medically necessary and appropriate.