

Case Number:	CM14-0149832		
Date Assigned:	09/18/2014	Date of Injury:	09/03/1998
Decision Date:	12/08/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee is a 65 year old male who had sustained a work related injury on 09/03/1998. He bent over to feed paper into a printer when the cover of the printer hit him on the head and he fell backwards, fractured his clavicle and suffered an injury to the right shoulder, the elbow and the neck. He was awaiting total knee arthroplasty. The clinical note from 07/15/14 was reviewed. His prior history was significant for multiple bilateral knee surgeries including a right knee arthroplasty and a left shoulder arthroplasty. He was scheduled for a left knee arthroplasty. He has had prior physical therapy and found that it was helpful to improve his function. On examination, he had considerable left quadriceps atrophy, a well healed left knee incision, the knee was not fully extended or flexed. He had crepitus with motion. He was noted to require a more sustained physical therapy program than eight visit series. The request was for 18 visits of preoperative physical therapy. In his clinical note from 08/26/14, the surgeon expressed concern over his weak knee. He added that the left TKR will be performed once his knee is adequately prepared.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Pre-Op Physical Therapy x 18 Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines

(ODG); Work Loss Data Institute On-line; Treatment in Workers' Comp Integrated Treatment/ Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee, Physical medicine.

Decision rationale: According to Official Disability Guidelines on physical therapy for knee disorders, a total of 9 visits over 8 weeks is recommended for arthritis. The employee had ongoing arthritis, muscular atrophy and crepitus on examination. He had improved with prior physical therapy. There was no documentation that he was doing home exercise program. The request for 18 visits is over the guideline recommended 9 visits. Even though the provider indicates that the patient might need more than that due to prior patient experience, this can be reevaluated based on his response to the initial few visits. Hence the request is not medically necessary and appropriate.