

Case Number:	CM14-0164824		
Date Assigned:	10/10/2014	Date of Injury:	09/20/2011
Decision Date:	11/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgeon and is licensed to practice in Florida and Georgia. 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 71-year-old female who reported an injury on 09/21/2011. The mechanism of injury was due to a slip and fall. The injured worker has diagnoses of osteoarthritis of the left knee and postop total knee replacement. Past medical treatment consists of surgery, physical therapy, injection therapy, and medication therapy. Medications include Motrin. Radiographs of the left knee show a neutral alignment. The injured worker had loss of the medial compartment joint space with small peripheral osteophytes. There was peaking of the intercondylar spine. The lateral view showed osteophytes at the patellofemoral articulation with loss of cartilage space. The same changes were seen on the sunrise view. There were no true bony lesions. On 08/05/2014, the injured worker complained of persistent pain and swelling of the left knee. The physical examination revealed a well healed incision. There was tenderness throughout the leg, including the calf. Range of motion was quite satisfactory. The injured worker had full passive extension and flexion to more than 90 degrees. The medical treatment plan is for physical therapy 3 times a week for 6 weeks to the left knee. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Additionally, the submitted documentation did not indicate when the injured worker underwent total knee replacement, nor did it indicate when and if she had already started postop therapy. Furthermore, there was no rationale submitted for review to warrant the requested physical therapy. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request for Physical therapy 3 times a week for 6 weeks to the Left Knee is not medically necessary.