

Case Number:	CM14-0168519		
Date Assigned:	10/16/2014	Date of Injury:	07/30/2010
Decision Date:	12/31/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 Surgery, and is licensed to practice in Minnesota. 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 58 year old female who developed a severe ankylosis of her left total knee arthroplasty associated with pain. Laboratory testing for infection was negative. She underwent examination under anesthesia and was found to have a mechanical block to range of motion and tightness of the components. A revision total knee arthroplasty was performed on 2/19/2014 with removal of the femoral component, revision of the femoral cut and re-implantation of a revision femoral component with cement allowing full range of motion. Post-operatively the injured worker was slow in regaining range of motion due to pain. Her range of motion was 10-60 degrees on 5/7/2014 and 5-85 degrees on 6/4/2014. She had attended 36 sessions of physical therapy by 10/09/2014 and another 12 sessions were requested. Utilization Review approved 8 sessions out of the requested 12 on 10/09/2014. The disputed issue pertains to the modification of the requested 12 additional sessions to 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical Therapy 2x6 to the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy Preface.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10 and 11.

Decision rationale: The post-surgical treatment guidelines recommend a general course of therapy of 24 visits over 10 weeks for a total knee arthroplasty. The post-surgical physical medicine treatment period is 4 months. The guidelines recommend an initial course of therapy of 12 visits and with objective evidence of documented functional improvement a subsequent course of therapy of 12 visits may be prescribed. If it is determined that additional objective functional improvement can be accomplished it may be extended but not beyond the 4 months. The date of surgery was 2/19/2014 and so the physical medicine treatment period expired on 6/19/2014. However, due to exceptional circumstances physical therapy was continued and range of motion improved. 36 sessions had been utilized by 10/09/2014 and another 8 out of the requested 12 sessions were approved on that day. Based upon the documentation provided need for additional physical therapy beyond the approved 8 additional sessions is not established per guidelines. Therefore the request for physical therapy 2 x 6 to the left knee is not medically necessary.