

Case Number:	CM14-0176410		
Date Assigned:	10/29/2014	Date of Injury:	06/03/2013
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 is a 56-year-old male with a 6/3/13 date of injury. The mechanism of injury occurred when he was punched in the knee by a hotel guest. According to a progress report dated 10/13/14, the patient complained of left knee pain and discomfort that was unchanged and was moderate to severe. He stated that he would find out today whether his surgery was authorized or not. According to an orthopaedic surgeon report dated 8/19/14, the patient was noted to be a good candidate for revision of an unstable left total knee arthroplasty. Objective findings: decreased range of motion of left knee, tenderness of left knee. Diagnostic impression: osteoarthritis of left knee. Treatment to date: medication management, activity modification. A UR decision dated 10/21/14 modified the request for 18 physical therapy sessions for the left knee to 6 outpatient physical therapy sessions. The California MTUS post-surgical rehabilitation guidelines state, "Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks". A total of 12 sessions of therapy can be pre-certified since the CA MTUS recommends an initial course of therapy equal to half the maximum. Since 12 sessions can be pre-certified, 6 in-home therapy sessions are appropriate, followed by 6 outpatient therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen sessions of physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines - Knee Arthroplasty.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In the present case, this is a request for post-operative physical therapy. The patient is awaiting authorization for left total knee revision surgery. Guidelines support up to 24 visits over 10 weeks following knee arthroplasty. However, because it is unclear whether or not the surgical procedure has been authorized, this associated post-operative request cannot be substantiated. Therefore, the request for Eighteen sessions of physical therapy for the left knee was not medically necessary.