

Case Number:	CM14-0182355		
Date Assigned:	11/07/2014	Date of Injury:	09/28/1986
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/04/2014

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:

According to the records made available for review, this is a 47-year-old male with a 9/28/86 date of injury, and nerve graft with total knee replacement on 6/14/12. At the time (10/13/14) of Decision for 6 post-operative in home physical therapy visits, there is documentation of subjective (constant knee pain with locking) and objective (decreased range of motion of the right knee and stable Lachman's, anterior drawer and posterior drawer testing) findings, current diagnoses (severe Osteoarthritis of the right knee, status post right knee replacement, and right knee arthrofibrosis with severe pain), and treatment to date (physical therapy and medications). Medical reports identify a pending total knee revision that has been authorized/certified and a previous authorization/ certification for 12 post Op outpatient physical therapy treatments between 10/8/14 and 11/22/14. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medication as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 post-operative in home physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical Therapy (PT) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of severe Osteoarthritis of the right knee, status post right knee replacement, and right knee arthrofibrosis with severe pain. In addition, there is documentation of pending total knee revision that has been authorized/certified as well as a previous authorization/certification for 12 post Op outpatient physical therapy treatments between 10/8/14 and 11/22/14. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medication as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for 6 post-operatives in home physical therapy visits is not medically necessary.