

Case Number:	CM14-0020947		
Date Assigned:	04/30/2014	Date of Injury:	02/12/2008
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine & Rehabilitation 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:

The patient is a 63 year old male who was injured on February 12, 2008. The mechanism of injury is unknown. The patient underwent a total knee replacement on the right on August 24, 2012, and a left knee total arthroplasty on November 15, 2013. Diagnostic studies reviewed include x-ray of the left, 2 views, dated October 31, 2013 reveal mild to moderate tricompartmental osteoarthritic changes of the knee. Follow-up consultation dated January 7, 2014 indicated the patient presents status post a left total knee arthroplasty on November 15, 2013 due to end-stage arthropathy. He rates his pain a 7/10. Physical therapy has improved his pain and improved his range of motion. Without medications, ADL's at times had been in jeopardy. He has improvement in range of motion and tolerance to a variety of activity with medication. He reports tramadol decreases his pain. He has had a successful taper of IR opioid (schedule 3 drug hydrocodone 7.5 mg) to no greater than 2 per day with tramadol ER (Schedule 4 drug, non-opioid at 300 mg a day). Objective improvement per patient with this medication includes greater range of motion and increased tolerance to activity and exercise. Cyclobenzaprine does facilitate significant diminution in spasm for 4-6 hours, facilitating greater range of motion, greater tolerance to exercise, and additional decrease in overall pain. Objective findings on exam reveal no signs of infection of the left knee. Range of motion remains limited with pain; spasms of the calf musculature are decreased. Diagnoses are status post left total knee arthroplasty on November 15, 2013 and status post remote right total knee arthroplasty. The patient is instructed to continue with post-op physical therapy of the left knee as one session remains for a total of 12 sessions. Prior UR dated February 4, 2014 documents that additional physical therapy is not authorized as there are no documented physical therapy sessions suggestive of the patient is meeting therapy goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Decision rationale: According to the California MTUS Guidelines, Physical Therapy (PT) as post-operative modality of treatment for Arthropathy is recommended as 24 visits over 10 weeks. The medical records indicate that the patient underwent Left knee total arthroplasty on November 15, 2013 due to previous diagnosis of end-stage arthropathy. The PR dated January 17, 2014 documents the patient has finished 11 of 12 approved PT visits, with documented pain and functional improvement. The patient responds well to the course of medications combined to the PT, and that is reflected by the successful tapering of opioids addressed by the report. Accordingly, the requested additional 12 visits of Physical Therapy as 3 visits per week for 4 weeks (to complete a total of 24 visits recommended by the guidelines) is medically necessary.