

Case Number:	CM14-0021901		
Date Assigned:	06/20/2014	Date of Injury:	09/04/2008
Decision Date:	07/31/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pennsylvania. 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 claimant is a 53-year-old gentleman who injured his right knee in a work related accident on 09/04/08. Clinical records provided for review document that following a course of conservative care, the claimant underwent right total knee arthroplasty. The 01/14/14 progress report documents that surgery was "approximately three and a half months earlier" stating that the knee is overall doing well with the exception of a suture abscess. Physical examination demonstrated 0 to 110 degrees range of motion, a normal gait pattern and a resolving area of suture abscess at the middle aspect of the incision. The recommendation at that time was for continuation of physical therapy as two requests, one for five times a week times two weeks. The second was for three times a week for two weeks. The diagnosis was listed as status post total knee arthroplasty with "mild arthrofibrosis." The records document that the claimant had a significant course of postoperative physical therapy during the three and a half months since surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) visits a week for two (2) weeks, Right Knee.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, continued physical therapy three times a week for two weeks cannot be recommended as medically necessary. The Postsurgical Guidelines recommend 24 sessions of physical therapy over ten weeks, completed in a four month treatment period. This individual has exceeded the recommended physical therapy guidelines since the time of operative intervention occurred four months ago. There is no documentation to identify why this claimant requires continuation of physical therapy as his current motion is beyond 110 degrees and he has limited subjective complaints at the last clinical office visit. The medical records do not support that this claimant would be an exception to the recommended standard treatment guidelines. Therefore, the request is not medically necessary.