

Case Number:	CM14-0026692		
Date Assigned:	06/13/2014	Date of Injury:	07/23/2009
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 60-year-old male injured on 07/23/09, due to an undisclosed mechanism of injury. The current diagnosis includes status post two (2) stage reconstruction of total knee replacement. Previous treatments included right knee arthroscopy/partial medial and lateral meniscectomy and resection of ganglion cyst, extensive synovectomy, chondroplasty on 11/18/10, status post right total knee arthroplasty (TKA) on 08/30/11, status post right knee aspiration and medial gastrocnemius flap on 08/29/12, status post knee infection knee spacer on 04/19/13, status post PICC insertion 04/22/13, and revision of right TKA on 10/29/13. The injured worker underwent a total of twenty-four (24) post-operative physical therapy sessions. The most recent clinical notes indicated that the injured worker was doing extremely well and walking approximately two (2) miles per day. No complaints of pain, impairments of activities of daily living, or function were documented. Physical examination findings revealed complete flexion/extension of 110-115 degrees with stability. The injured worker was no longer on intravenous (IV) antibiotics; however, was maintaining oral antibiotic maintenance. The initial request for additional physical therapy times eight to twelve (8-12) was initially non-certified on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT TO TWELVE (8-12) ADDITIONAL PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The Chronic Pain Guidelines recommend twenty-four (24) visits over ten (10) weeks for the treatment of post-operative treatment of knee arthroplasty and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. There are no complaints of pain, decreased functionality, or impairment of activities of living. As such, the request for additional physical therapy times eight to twelve (8-12) cannot be recommended as medically necessary at this time.