

Case Number:	CM14-0026769		
Date Assigned:	06/13/2014	Date of Injury:	05/29/2013
Decision Date:	07/16/2014	UR Denial Date:	01/27/2014
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 Physical Medicine and 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 injured worker is a 51 year old male who reported an injury on 05/29/2013 due to cumulative trauma. On 04/21/2014 he reported "minimal pain if any at all" and a lack of quad strength. His physical examination revealed excellent range of motion, a well healed scar to the knee with a trace of effusion, full knee extension and flexion of 130 degrees, and stable ligaments. An x-ray performed on an unspecified date showed his total knee arthroplasty was in good position. His diagnosis was status post knee arthroplasty. The treatment plan was to continue physical therapy for 8 sessions to the left knee. The request for authorization form and rationale of treatment were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY, QUANTITY 8 FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to the California MTUS Post-Surgical Treatment Guidelines, 24 visits over 10 weeks are recommended after a knee arthroplasty with a post-surgical physical

medicine treatment period of 4 months. In this case, there are 2 separate reports dated 11/01/2013 and 01/10/2014 noting that the injured worker was reported to be "continuing physical therapy" status post knee arthroplasty. The number of sessions attended was not provided. In addition, the injured worker reports minimal to no pain with his at home exercise program. The rationale for 8 additional physical therapy sessions was not included and it is unclear why the injured worker needs additional physical therapy if he states no pain. Therefore, the request to continue physical therapy, quantity 8 is not medically necessary and appropriate.