

Case Number:	CM14-0026817		
Date Assigned:	06/13/2014	Date of Injury:	03/04/2000
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
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 employee is a 61-year-old female who sustained an injury to her right knee on 03/04/00. The mechanism of injury was not documented. The records indicate that the injured worker status post right total knee replacement. She continued to complain of severe knee pain. Treatment to date has included anti-inflammatories, use of a cane, physical therapy, interarticular injections, home exercises and formal supervised therapy for 10 weeks along with bracing. The records indicate that the injured worker has attended at least 47 postoperative physical therapy visits to date per physical therapy note dated 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY # 12: Upheld

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

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

Decision rationale: The request for 12 additional postoperative physical therapy visits is not medically necessary. The records indicate that the injured worker has attended at least 47 postoperative physical therapy visits to date that provided minimal benefit per physical therapy note dated 01/29/14. The California Medical Treatment Utilization Schedule (CAMTUS) Post-

Surgical Treatment Guidelines recommends up to 24 visits over 10 weeks for the diagnosed injury. There no indication that the injured worker was actively participating in a home exercise program. There is no additional significant objective clinical information that supports the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for 12 additional postoperative physical therapy visits has not been established.