MAXIMUS Federal Services

Case Number:	CM14-0034226		
Date Assigned:	06/20/2014	Date of Injury:	06/17/2008
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Rehabilitation 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 patient is a 65 year-old female who was injured on 06/17/2008. Treating for diagnoses of localized osteoarthrosis and post left knee total arthroplasty. She is status post left total knee replacement on 12/23/2013. She was provided 7 days inpatient rehab following surgery. On 1/10/2014, the patient was authorized 12 initial Post-op Physical Therapy (PT) visits (2-3x4) for the left knee. Prior UR determination on 3/13/2014, which denied the requested PT. There is lack of evidence to determine if the patient is unable to perform a continued HEP at this point. According to the progress report dated 2/14/2014, the patient presented for follow-up, she is 6 weeks status post left total knee replacement. She is comfortable, except for pain immediately. Physical examination reveals the wound is healed, no calf pain, no calf tenderness, extension 0, and flexion 110. Treatment plan is to continue physical therapy. Report states that she has not reached maximum medical improvement. She is retired, but would be TPD, able to perform sedentary work.On 2/20/2014 prescribed additional PT for the left knee 2-3 x week for 4 weeks. The PT report dated 2/18/2014, is signed by the therapist on 3/7/14. Documents therapy started on 2/5/2014: 100 degrees flexion and -5 degrees extension; re-assessment on 2/18/2014: 110 degrees flexion and 0 degrees extension; re-assessment on 3/6/2014: 118 degrees flexion and 0 degrees extension. The report states range of motion (ROM) improving, able to do more activity in PT. She continues to use single point cane for gait and have medial line pain. She has 5 visits remaining on current authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two to three times a week for four weeks of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: In this case, the medical records demonstrate the patient has made mild progress with postoperative physical therapy rendered. It is unclear, however, her functional status upon completion of the 12 previously authorized initial postop therapy sessions. The medical records do not establish the patient is unable to transition to a fully independent home exercise program at this time. The medical records do not establish the presence of significant functional deficits remaining that would necessitate an additional 8-12 supervised therapy visits.