

Case Number:	CM14-0037035		
Date Assigned:	06/25/2014	Date of Injury:	07/16/2009
Decision Date:	07/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Pain 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 54-year-old whose date of injury is July 16, 2009 due to falling from a bookshelf. The injured worker was diagnosed with a dislocated right arm and a fracture of the right lower extremity. The injured worker underwent surgery to the right arm and lower extremity. Treatment to date also includes physical therapy, cortisone injections to the knees and shoulder. The injured worker underwent right knee surgery on June 3, 2011 with debridement and hardware removal followed by 24 visits of postoperative physical therapy. The injured worker subsequently underwent right knee arthroplasty on January 13, 2014 and has been authorized for at least 24 postoperative physical therapy visits to date. Follow up note dated March 14, 2014 indicates that there is no pain in the knee. Note dated April 8, 2014 indicates that she has been back at work, but has not had to increase her medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy (2x4) for the right knee: 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 injured worker underwent right knee arthroplasty in January 2014 and has been authorized for 24 postoperative physical therapy visits to date. The Postsurgical Treatment Guidelines support up to 24 sessions of physical therapy for the injured worker's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The request for Physical therapy for the right knee, twice weekly for four weeks, is not medically necessary or appropriate.

8 sessions of aquatic therapy (2x4) for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support aquatic therapy when reduced weightbearing is desirable. The submitted records indicate that the injured worker has been able to complete a full course of postoperative land-based physical therapy and has returned to full duty work. There is no clear rationale provided as to why reduced weightbearing is desirable at this time. The request for aquatic therapy for the right knee, twice weekly for four weeks, is not medically necessary or appropriate.