

Case Number:	CM14-0039264		
Date Assigned:	06/27/2014	Date of Injury:	12/04/2009
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 an 84-year-old male whose date of injury is 12/04/09. Progress report dated 09/12/13 indicates the injured worker was last seen in 2011, but returns stating that his right knee is becoming more problematic and he would like to consider surgery. The injured worker underwent right total knee replacement on 10/29/13 followed by a course of physical therapy. Note dated 01/03/14 indicates that he reports he is doing well, but there is a lot of clicking. Note dated 02/03/14 indicates that the injured worker has finished physical therapy and wants to go somewhere else. Note dated 03/26/14 indicates that the injured worker has stopped going to therapy. He has no trouble walking. It is opined that the injured worker does not need additional physical therapy as he feels he has gotten as much out of it as he can. Physical examination on 05/02/14 indicates that range of motion is 0-120 degrees. There is good stability throughout. Diagnosis is right knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Postoperative additional 2 times a week for six weeks of the right knee
QTY: 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: Based on the clinical information provided, the request for physical therapy postoperative additional 2 times a week for 6 weeks to the right knee is not recommended as medically necessary. The injured worker is status post right knee arthroplasty. The number of postoperative physical therapy visits completed to date is not documented. A note dated 03/26/14 indicates that he has stopped going to therapy. 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. Therefore, the request is not medically necessary.