

Case Number:	CM14-0039886		
Date Assigned:	06/27/2014	Date of Injury:	02/01/2008
Decision Date:	07/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Orthopedic Surgery 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:

This is a 53-year-old gentleman injured on 2/1/08. The clinical records provided for review document that the claimant is status post left total knee arthroplasty on 09/20/13. Post-operative follow up examination on 3/20/14 showed 90 degrees range of motion and noted that the claimant was currently being evaluated for possible infection. He has undergone thirty sessions of post-operative physical therapy to date. There is a request for twelve additional sessions of physical therapy for further advancement of his range of motion. There was no post-operative imaging or other forms of conservative care documented.

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 sessions for the left knee, 3 times a week for 4 weeks, QTY: 12, to rule out disappointing post-operative range of motion and infection:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): (ICD9 716.9.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, twelve additional sessions of physical therapy would not be indicated. This individual has already undergone thirty sessions of physical therapy and is greater than six months out from surgery at the time of the specific request. The documentation does not identify why the claimant would not be capable of transitioning a home exercise program. There would be no indication for the continued use of formal therapy as requested.