

Case Number:	CM14-0040418		
Date Assigned:	06/27/2014	Date of Injury:	10/02/2008
Decision Date:	07/29/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/07/2014

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 Management 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 patient with a date of injury of October 2, 2008. Non-certification for 18 visits of postop physical therapy was recommended since the knee surgery itself was not approved. A progress report dated February 19, 2014 identifies subjective complaints of ongoing knee pain with limping, buckling, popping, and clicking. The objective findings identify positive McMurray's test with tenderness along both knee joints medially and laterally on the right. The diagnoses include internal derangement of the knee, status post previous surgical intervention. The treatment plan recommends a total joint replacement with associated postop treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of post-op physical therapy for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for post-op PT, the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The

ODG has more specific criteria for the ongoing use of PT. The ODG recommends a trial of PT. If the trial of PT results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The ODG recommends a maximum of 24 post-op therapy visits for total knee arthroplasty. Within the documentation available for review, the surgical procedure for which the postoperative therapy is being requested has not been authorized. Additionally, the number of postop therapy sessions exceeds the number recommended for an initial trial. As such, the currently requested postoperative PT is not medically necessary.