

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0040914 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 12/13/2005 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 04/08/2014 |

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old with an injury date on December 13, 2005. Based on the January 30, 2014 progress report the diagnoses are right knee valgus deformity and right knee osteoarthritis. The most recent physical exam on September 19, 2013 showed knee range of motion from 0-100 degrees with effusion. The January 30, 2014 report increased knee range of motion from last visit. The treating physician requested additional post-operative physical therapy two to three sessions per week for six weeks. The utilization review determination being challenged is dated March 10, 2014 and refutes request as patient has completed 23 physical therapy sessions and has only some strength deficits, but not enough to warrant further therapy when home exercise program should be adequate.

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, two to three sessions per week for six weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: This patient presents with tightness laterally in right leg and is s/p right total knee replacement from August 26, 2013. The treating physician has asked for additional post-operative physical therapy two to three sessions per week for six weeks on January 30, 2014. The February 13, 2014 physical therapy report showed patient had 23 physical therapy sessions, with increased range of motion and decreased swelling. The January 14, 2013 report recommends patient take chiropractic sessions for "joint mobilization and core strengthening." Regarding knee arthroplasty, the California MTUS Post Surgical Guidelines recommend 24 visits over 10 weeks within 6 months of surgery. In this case, patient has some remaining instability/weakness in knee joint. The patient has completed 23 physical therapy sessions with improvement in range of motion and there is no reason patient cannot continue rehabilitation with a home exercise program. The request is not medically necessary.