

Case Number:	CM14-0044263		
Date Assigned:	07/02/2014	Date of Injury:	08/02/2012
Decision Date:	09/26/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 55 year old female with a date of injury on 8/2/2012. Patient is status post left knee replacement surgery on 11/8/2013. Subjective complaints are of ongoing pain in the knee. Physical exam showed a normal gait, no knee swelling, and flexion of the left knee to be 100 degrees and extension was 0 degrees. Patient has completed 24 sessions of post-operative physical therapy. Request is for 12 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy for the left knee (3x4): 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: CA MTUS post-surgical guidelines indicate that 24 visits over 4 months are recommended status post knee arthroplasty. This patient has already had 24 sessions of physical therapy and should be capable of converting to stretching and strengthening as part of a home exercise program. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for 12 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.

