MAXIMUS Federal Services

Case Number:	CM14-0047089		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2008
Decision Date:	08/01/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/15/2014

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 Surgeon and is licensed to practice in Texas. 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 a 63-year-old female with a reported date of injury on 02/08/2008. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with post left total knee arthroplasty on 11/13/2013. The injured worker complained of difficulty walking due to left leg swelling. The clinical documentation indicated the injured worker was being treated for a blood clot. The physical therapy note dated 01/20/2014 indicated the injured worker presented with improved range of motion and strength; however, continued to demonstrate poor gait mechanics secondary to insufficiency with swing phase due to patient's complaint of heaviness due to swelling. Physical therapy note dated 02/14/2014 revealed poor quadriceps contraction and limited left knee flexion. The left knee x-ray dated 03/18/2014 revealed appropriate prosthesis position without evidence of loosening. The injured worker's diagnosis included knee joint replacement. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for postoperative physical therapy 2 x 6 sessions was not submitted. The physician indicated that physical therapy was medically indicated in order to continue to achieve further gains and improve ability to return to unrestricted work and recreational activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 2 x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines recommend 12 visits of physical therapy over a 12 week period. In addition the California MTUS Guidelines state functional exercises after a hospital discharge for total knee arthroplasty result in a small to moderate short term, but not long term, benefit. In the short term, therapy interventions with exercise based on functional activities may be more effective after a total knee arthroplasty than traditional exercise programs which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. The clinical documentation provided for review, indicates the injured worker previously participated in more than 19 physical therapy sessions. The clinical note dated 03/18/2014, indicates the injured worker was referred to a hematologist related to the lower extremity assessment for the presence of DVT in the lower extremities. The request of an additional 12 sessions of postoperative physical therapy exceeds the recommended guidelines. In addition, the request as submitted failed to provide the specific goal of the postoperative physical therapy. Therefore, the request for postoperative physical therapy 2 x 6 sessions is non-certified.