

Case Number:	CM14-0055041		
Date Assigned:	07/07/2014	Date of Injury:	10/04/2001
Decision Date:	08/07/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 64 year old with an injury date on 10/4/01. The patient complains of continued stiffness/aching in right knee, although patient is improving of late per 12/26/13 report. The patient still feels weak in the leg with decreased endurance, especially when climbing up/down stairs, but the physical therapy is very helpful per 12/26/13 report. Based on the 12/26/13 progress report provided by [REDACTED] the diagnosis is s/p multiple revisions for infected left total knee. Exam on 12/26/13 showed no effusion, incisions healed, swelling decreased and No laxity. Active range of motion 5 - 115 degrees. Patella tracks well. Calf soft and non-tender. [REDACTED] is requesting 12 physical therapy sessions. The utilization review determination being challenged is dated 4/8/14 and rejects request as documentation shows patient has had 46 physical therapy sessions since 9/13/13. [REDACTED] is the requesting provider, and he provided a single treatment report from 12/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Knee page 24-25, 98-99.

Decision rationale: This patient presents with left knee pain and is s/p multiple revisions of left total knee replacement, the most recent revision from 8/21/13 (explanation of articulating antibiotic cement spacer). The provider has asked for 12 physical therapy sessions on 12/26/13. The patient's recent physical therapy has been very helpful, but the number of sessions is not specified in provided reports. Regarding knee arthroplasty, the MTUS post surgical guidelines recommend 24 visits over 10 weeks within 6 months of surgery and additional sessions if promising progress is documented. In this case, the patient is 4 months removed from a left knee replacement revision and recent physical therapy has been beneficial. However, the utilization review notes that the patient has had some 46 sessions of therapy following therapy. The treater is not keeping track of how much therapy this patient has had. It would appear that the patient has had more than adequate amount of therapy following knee surgery. Therefore, the request is not medically necessary.

