

Case Number:	CM14-0057297		
Date Assigned:	06/23/2014	Date of Injury:	09/16/2006
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 61-year-old male with a date of injury of 09/16/2006. The listed diagnosis per [REDACTED] is status post total knee arthroplasty explant and placement of antibiotic spacer on 10/24/2013. According to progress report 01/20/2014, the patient is "doing better." As noted, the patient has been working in physical therapy. Examination revealed range of motion at 10 to 110 degrees. The patient walks with a slightly antalgic gait pattern, however, almost normal. Treater notes the patient is to continue "physical therapy 2 to 3 times a week for 6 weeks." Utilization Review denied the request on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x a week for 6 weeks to right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee (MTUS post-surgical) Page(s): 24, 25.

Decision rationale: This patient is status post second stage implantation right total knee arthroplasty on 10/24/2013. On 01/20/2014, the treating physician noted "the patient is doing better." The treating physician reports the patient is doing well and recommends continuing with physical therapy 2 to 3 times a week for 6 weeks. The California Medical Treatment Utilization Schedule (MTUS) postoperative guidelines recommend 24 visits for knee arthroplasties. In this case, review of the medical file indicates the patient has received 38 postoperative physical therapy sessions. Most recent report from 01/20/2014 noted the patient was doing well. In this case, it appears the patient is recovering well status post-surgery and has participated in ample postop therapy. The treating physician request for 12 to 18 additional postoperative physical therapy sessions exceeds what is recommended by MTUS. Treatment is not medically necessary and appropriate.