

Case Number:	CM14-0062613		
Date Assigned:	07/11/2014	Date of Injury:	04/28/2011
Decision Date:	11/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 Internal Medicine and is licensed to practice in New York. 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 46 year old female with a date of injury of 02/28/2011. She had a right total knee replacement on 07/17/2013. On 10/22/2013 she had her 25th physical therapy visit for her right knee. On 08/07/2013 and 09/02/2013, 10/03/2013 and 10/22/2013 she had a moderate right knee effusion. On 10/30/2013 she had her 28th physical therapy visit. On 02/13/2014, 03/25/2014 and on 05/14/2014 she had a mild right knee effusion and 4/5 motor strength. On 05/14/2014 she completed her 18th physical therapy visit for right knee pain and difficulty walking in 2014. She had 3-5/10 right knee pain at rest and more pain with movement. She had therapeutic exercise, manual therapy, hot/cold packs and electrical stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the right knee 2 times 6: 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: The MTUS post-surgical maximum physical therapy visit for post arthroplasty of knee is noted below. Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks*Postsurgical physical medicine treatment period: 4 months.On 07/17/2013 she had a right

knee total arthroplasty. By 10/22/2013 when she had her 25th physical therapy visit she exceeded the maximum post-surgical physical therapy visit limit. In 2014 she has exceeded the 4 months' time period of physical therapy treatment. Despite that, she had an additional 20 physical therapy visits in 2014. Continued physical therapy has not improved the patient's functional outcome and is not consistent with MTUS criteria. The request is not medically necessary.