

Case Number:	CM14-0068517		
Date Assigned:	07/14/2014	Date of Injury:	06/04/2007
Decision Date:	09/09/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/13/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 50-year-old male with a 6/4/07 date of injury, and status post left total knee replacement in January 2013. At the time (4/1/14) of request for authorization for physical therapy x12 for left knee, there is documentation of subjective (noted improvement with physical therapy) and objective (very slight knee effusion, well-healed midline scar, no tenderness to palpation, 100 degrees of flexion, and gait and stance normal) findings, current diagnoses (status post left total knee replacement), and treatment to date (surgery and physical therapy (40-45 visits completed to date)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X12 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 4 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post left total knee replacement. In addition, there is documentation of status post left total knee replacement in January 2013 and 40-45 sessions of post-operative physical therapy sessions completed to date, which exceeds guidelines. Furthermore, given documentation of a date of surgery in January 2013, post-surgical physical medicine treatment period exceeds guidelines. Lastly, despite documentation of subjective (noted improvement with physical therapy) findings, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy x12 for left knee is not medically necessary.