

Case Number:	CM14-0075047		
Date Assigned:	07/16/2014	Date of Injury:	02/08/2008
Decision Date:	08/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 Orthopaedic Surgery 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:

This 63-year-old female sustained an industrial injury on 2/8/08. The mechanism of injury was not documented. The patient underwent left total knee arthroplasty on 11/13/13. Post-operatively, she developed a deep vein thrombosis. The 3/26/14 left lower extremity ultrasound showed a partially occluding thrombus popliteal vein and superficial femoral vein. Physical therapy treatment was last authorized on 3/29/14 to address current symptoms and transfer the patient to a home exercise program. The 4/29/14 orthopedic progress report indicated the patient had attended 4 physical therapy sessions over the past 6 weeks with had helped her gait. She stated she was still dealing with a blood clot and her leg felt constantly heavy and aching. She was taking Xarelto. Left knee exam documented range of motion 0-100 degrees with 4/5 quadriceps and hamstring strength. There was no patellofemoral crepitus, patellar grind test was negative, and the knee was stable to anterior, posterior, varus, and valgus stress testing. The treatment plan recommended additional physical therapy with continued home exercise program to focus on improving range of motion and strength. The 5/7/14 utilization review denied the request for 12 additional physical therapy sessions as the patient had exceed the recommended number of visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy visit 3X a week for 4 weeks = 12 Total: 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: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 4-month post-surgical treatment period had expired on 3/13/13. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. The patient completed 36 visits of post-operative physical therapy. Current exam findings are consistent with functional levels of range of motion and strength. There is no compelling reason presented why continued improvement in range of motion and strength could not be accomplished with home rehabilitation. Records indicate that the patient has been instructed in a home exercise program. Therefore, this request for physical therapy visits 3 times a week for 4 weeks, 12 total, is not medically necessary.