

Case Number:	CM14-0076271		
Date Assigned:	07/18/2014	Date of Injury:	06/30/2010
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/26/2014

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 61-year-old female sustained an industrial injury on 6/30/10. The mechanism of injury was not documented. The patient underwent a left total knee arthroplasty in July 2013 and subsequent manipulation under anesthesia on 12/16/13. The 3/24/14 physical therapy chart note indicated the patient had completed 12/20 visits. The patient complained of numbness from the knee to her whole foot with difficulty sleeping. Right knee flexion was 105 degrees before manual therapy and 115 degrees after. Standing tolerance was limited to about 15 minutes. Physical therapy chart notes indicated the patient had been provided home exercise program instruction. The 3/25/14 treating physician report cited mild left knee discomfort and improvement with physical therapy. Left knee exam noted mild swelling, range of motion 0-112 degrees, and neurovascular and motor status intact. Upper and lower extremity deep tendon reflexes and sensation were normal. The treatment plan recommended 12 additional physical therapy visits once she finished this round to gain even better range of motion. The 4/24/14 utilization review denied the request for additional post-operative physical therapy as the request exceeded the general course recommendations, passive modalities were continuing, functional deficits were not documented, and there was no documentation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California Post-Surgical Treatment Guidelines for knee manipulation under anesthesia suggest a general course of 20 post-operative visits over 4 months during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met for additional physical therapy at this time. Records indicated that the patient had 8 remaining visits on the current authorization. The medical necessity of future care beyond the general course recommendations is not established. Therefore, this request is not medically necessary.