

Case Number:	CM14-0076292		
Date Assigned:	07/18/2014	Date of Injury:	06/30/2010
Decision Date:	09/11/2014	UR Denial Date:	05/16/2014
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 4/21/14 physical therapy note (#19/20) documented functional difficulty with gait. The patient was using a cane and had difficulty advancing the left leg in front of the right one. Improvement was noted with cues. There was continued impairment noted in range of motion and strength. The 5/6/14 orthopedic report cited medial and lateral left knee pain, worse with walking and weight bearing. Pain was relieved with rest. Physical exam documented well-healed surgical incision, diffuse medial and lateral tenderness to palpation, and range of motion 5-95 degrees. The left knee was stable in flexion and extension with intact dorsiflexion and plantar flexion. There was some mild neuropathy associated with her diabetes, but otherwise sensation was intact. X-rays of the left knee showed a well-position, well fixed left total arthroplasty. There was some mild lucency in the patellar facets. The orthopedist indicated that range of motion was not ideal but functional. The treatment plan recommended additional physical therapy. She had recently switched therapists and additional improvement in motion was anticipated. The 5/16/14 utilization review denied the request for additional physical therapy based on an absence of documentation relative to number of physical therapy visits provided and objective functional gains with previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one time a week for six weeks for the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical therapy.

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. Additionally, the Official Disability Guidelines support physical therapy for gait abnormalities for 16 to 52 visits. Guideline criteria have been met. The patient was still within the post-surgical treatment period. She had completed 20 post-operative visits. Range of motion was reported as functional with additional gains anticipated with continued supervised therapy. Functional difficulty in gait was documented that improved with cues in physical therapy. It is reasonable that additional functional improvement could be accomplished with additional therapy during the postsurgical treatment period. Therefore, this request for Physical Therapy one time a week for six weeks for the left knee is medically necessary.