

Case Number:	CM14-0079756		
Date Assigned:	07/25/2014	Date of Injury:	07/02/2007
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 injured worker is a 52-year-old male who reported an injury on 07/02/2007 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his knee. The injured worker ultimately underwent total knee replacement in 09/2013. This was followed by home health physical therapy, and postoperative outpatient physical therapy. The injured worker was evaluated on 04/22/2014. It was documented that the injured worker had left knee pain and decreased range of motion. The injured worker's treatment plan included a home exercise program and physical therapy. A request for authorization for physical therapy was submitted on 04/25/2014. The injured worker was evaluated on 06/10/2014. It was documented that the injured worker had continued left knee pain and decreased range of motion. Diagnoses included traumatic arthritis, traumatic arthropathy of the lower leg, and derangement of the knee. It was noted that the injured worker was participating in home exercise and using a Dynasplint with assisted ambulation by cane. The patient was again evaluated on 07/14/2014. It was documented that the injured worker had left knee pain and decreased range of motion. The injured worker's treatment plan remained unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X1 Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy times 1 for the knee is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends injured workers are transitioned into a home exercise program, to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker had post surgical physical therapy following a total knee replacement. The injured worker should be well versed in a home exercise program. It is noted that the injured worker is participating in a home exercise program. However, he has persistent range of motion deficits and pain complaints. Therefore, a short course of physical therapy to reassess and re-establish a home exercise program would be supported in this clinical situation. However, the request as it is submitted is for physical therapy times 1 for the knee. It is not clearly identified if this is a unilateral or bilateral request. Due to the obscurity of the request, the medical necessity cannot be determined. As such, the requested physical therapy times 1 knee is not medically necessary or appropriate.