

Case Number:	CM14-0081584		
Date Assigned:	07/18/2014	Date of Injury:	10/18/2004
Decision Date:	08/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female with a reported date of injury on 10/18/2004. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include failed total knee replacement, status post total knee replacement with adhesive capsulitis and subluxation of the patella. Her previous treatments were noted to include surgery, medications and physical therapy. The progress note dated 04/14/2014 revealed the injured worker was status post total knee replacement without lateral release. The physical examination revealed the knee was no longer swollen. The majority of the progress note was illegible. The Request for Authorization was not submitted within the medical records. The request was for additional physical therapy 3 times 4 to the left knee; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 3x4 left knee.: 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: The request for additional physical therapy 3 times 4 to the left knee is not medically necessary. The injured worker has received previous postoperative physical therapy. The postsurgical treatment guidelines recommend 12 visits over 12 weeks. There is a lack of documentation regarding current measurable objective functional deficits in regard to range of motion and motor strength, as well as quantifiable objective functional improvements from previous physical therapy sessions. There is also lack of documentation regarding number of previous sessions attended and exceptional factors to warrant additional physical therapy. Therefore, due to lack of documentation regarding current deficits, functional improvements from previous physical therapy, number of previous sessions completed and exceptional factors, physical therapy is not warranted at this time. Additionally, the guidelines recommend 12 visits and the request for additional physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.