

Case Number:	CM14-0085435		
Date Assigned:	07/23/2014	Date of Injury:	05/26/2002
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/09/2014

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 Surgery, and is licensed to practice in Pennsylvania. 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 patient is a 64-year-old gentleman injured on 05/26/02. The clinical records provided for review identify a diagnosis of right knee degenerative joint disease for which the claimant is status post total joint arthroplasty on 01/08/14. The report of a postoperative office visit on 04/22/14 noted bilateral knee complaints; the claimant's right knee arthroplasty had been doing well, but started "act up." Examination of the right knee showed 0-120 degrees range of motion, a well healed incision, a small effusion, and no instability. The report of plain film radiographs demonstrated satisfactory alignment of the total joint components in all planes. Recommendation was for six additional sessions of formal physical therapy. The records documented that postoperatively, the claimant has had more than twenty-four sessions of therapy since January, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post Surgical Rehabilitative Guidelines, the request for an additional six sessions of physical therapy would not be indicated. This individual

has already exceeded the Post Surgical Guidelines that recommend up to twenty-four sessions over ten weeks. The records document that the claimant has undergone greater than twenty-four sessions of physical therapy since the time of surgery. The medical records also indicate that the claimant is doing well from a physical examination standpoint with good range of motion and no instability. The records do not explain why the claimant would not be capable of transitioning to a home exercise program at this time. The request for an additional six sessions of therapy exceeds the standard guideline criteria and is not medically necessary and appropriate.