

Case Number:	CM14-0097696		
Date Assigned:	07/25/2014	Date of Injury:	05/28/2009
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 59 year old individual who sustained an injury on 05/29/09. Per the report dated 04/30/2014, the patient complains of moderate to severe pain located diffusely over the right knee with mild radiation down the right lower extremity. In addition, the patient reports of pain that rates 6/10 but increases to 8-10/10 with weight-bearing activity. Based on the 4/30/14 progress report the diagnosis is stable right knee total arthroplasty with persistent postoperative right knee pain. The examination revealed that the patient is not in acute stress but walks with slightly antalgic gait. The right knee range of motion is 0-100 degrees with no instability through range of motion and motor strength of knee flexors/extensors is 4-/5. The doctor is requesting physical therapy of right knee 3 times a week for 6 weeks. The utilization review denied the request and it is being changed as of 05/27/2014. The treating doctor reports have been provided from 12/23/13 to 4/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the right knee 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): p 24,25.

Decision rationale: This patient presents with right knee pain with radiation down right leg and is status post right total knee replacement from 1/27/14. On 04/30/2014, the treating doctor has asked for physical therapy of right knee 3 times a week for 6 weeks. Due to the patient's pre-existing severe osteoarthritis going into surgery with severe valgus deformity, the surgeon compensated for by inserting a universal tibial base plate with liner. This provided more stability for the lax MCL; however, the additional insertion has slowed recovery. Per the 3/19/14 physical therapy report, the patient had 11 physical therapy visits. Regarding knee arthroplasty, MTUS post-surgical guidelines recommend 24 visits over 10 weeks within 6 months of surgery. In this case, requested 18 physical therapy sessions combined with prior 11 sessions would exceed what MTUS guidelines allow for total knee replacement. As such, this request is not medically necessary.