

Case Number:	CM13-0013778		
Date Assigned:	10/01/2013	Date of Injury:	07/07/2005
Decision Date:	01/31/2015	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/19/2013

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 Family Practice, and is licensed to practice in Ohio. 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 53-year-old female with a date of injury of July 7, 2005 at which time she slipped and fell onto both knees. She complains of continued left knee pain with stiffness and has had difficulty with standard physical therapy with forcible range of motion exercises. The utilization review physician noted that the injured worker completed 24 sessions of postoperative physical therapy following a total left knee replacement accomplished on June 28, 2012. The record reflects that pool therapy was ordered for the left knee on April 15, 2013. Subsequently, on June 24, 2013, an additional of physical therapy twice weekly for six weeks was requested. The physical exam has revealed the injured worker to have an antalgic gait on the left side. There was no knee effusion and no knee instability. Injured worker was able to fully extend her left knee but only able to flex to 90. The medication has included tramadol, Relafen, Prilosec, and Lidoderm patches. The relevant diagnoses is history of left knee arthroplasty with manipulation under anesthesia and persistent stiffness. At issue is a request from June 24, 2013 for an additional round of physical therapy for the left knee twice weekly for six weeks. The utilization review physician did not certify this request on the basis that 24 sessions of postoperative therapy were completed, the injured worker has been instructed in a home exercise program, and there was no indication of an acute exacerbation of her condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy left knee 2 x a week x 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical medicine treatment.

Decision rationale: Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term physical therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. The Official Disability Guidelines allow for 24 physical therapy visits over 10 weeks following a total knee arthroplasty. The injured worker had received the usual 24 postoperative visits. The results of that physical therapy, specifically the range of motion with regard to knee flexion, were not included for review. Because it was unclear whether the knee stiffness and restricted flexion represented a worsening situation compared with baseline or not, as reported on May 29, 2013 an additional 12 sessions of therapy left knee were not medically necessary.