

Case Number:	CM14-0008801		
Date Assigned:	02/12/2014	Date of Injury:	10/12/2005
Decision Date:	04/10/2015	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 54-year-old female, who sustained an industrial injury on 10/12/05. She has reported low back, right knee and shoulder pain. The diagnoses have included right knee internal derangement and advanced osteoarthritis right knee with valgus deformity. Treatment to date has included medications, surgery, Home Exercise Program (HEP) and physical therapy. Surgery included status post Total Knee Replacement (TKR) 10/15/13. Currently, as per the physician progress note dated 12/10/13, the injured worker complains of low back and right knee pain. The pain was rated 6/10 on pain scale with medications and without medications pain was rated 8-9/10 and the pain wakes her at night. As the physician noted she continues to improve following the total knee arthroplasty. The exam of the right knee revealed stiffness and decreased range of motion. Treatment plan was to resume physical therapy per the surgeon and medication re-fills. On 12/23/13, Utilization Review modified a request for PHYSICAL THERAPY 18 VISITS. RT KNEE modified to certify Physical Therapy for the right knee for 12 visits and the remaining 6 sessions are non certified, noting the (MTUS) Medical Treatment Utilization Schedule MTUS: POSTSURGICAL TREATMENT GUIDLELINES were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 18 VISITS. RT 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 is considered not medically necessary. The patient has already received 12 sessions of post-operative physical therapy following a total knee replacement. The patient continues with stiffness and decreased range of motion. According to MTUS guidelines, 24 session of therapy over 10 weeks with a treatment period of 4 months is recommended. The requested 18 sessions would exceed the maximum number of sessions recommended. Therefore, the request is considered not medically necessary.