

Case Number:	CM14-0011431		
Date Assigned:	02/21/2014	Date of Injury:	07/16/2004
Decision Date:	11/25/2015	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/28/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male who sustained an industrial injury on 07/16/2004. Medical records indicated the worker was treated for right knee pain and stiffness. He is post right knee removal of a failed total knee arthroplasty and revision of the right total knee arthroplasty on 08-12-2013. In the Primary Treating Physician's Progress Report (PR-2) of 08-26-2013, the injured worker complains of pain in the right knee. An x-ray of the right knee and tibia showed no loosening of the components. In a physical therapy evaluation of 09-06-2013, the worker is seen for decreased mobility and strength, and increased pain in the right knee. His right knee flexion was 68, his extension 15. In the Primary Treating Physician's Progress Report (PR-2) of 09-16-2013, the worker reports right knee pain and is ambulating with a walker. In the physical therapy progress report of 11-22-2013, the right knee had 67 degrees of flexion and could walk 10 feet with a cane which was decreased from findings of 10-04-2015 there he had 68 degrees right knee flexion and could walk 15 feet with a cane. In the PR2 of 12-09-2014, the worker complains of right knee pain and weakness. He has limited range of motion with stiffness and limping ambulation. His range of motion flexion is 68 degrees and-15 degrees. The treatment plan was for continued physical therapy to increase range of motion and muscle strength. His work status is restricted. A request for authorization was submitted for Physical therapy 3x a week for 4 weeks for the right knee. A utilization review decision 12/30/2013 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x a week for 4 weeks for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation ODG Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: MTUS Post Surgical Guidelines recommend that up to 24 sessions of post operative therapy is adequate for total knee replacement, which this individual has just completed. However, this individual has extraordinary circumstances that apply to this request. The surgery is a re-do for a failed arthroplasty and this individual has developed the complication of post-operative arthrofibrosis. Under these circumstances, the request for an extension of physical therapy 3x a week for 4 weeks for the right knee was medically necessary and appropriate.