

Case Number:	CM14-0193074		
Date Assigned:	11/26/2014	Date of Injury:	06/04/2010
Decision Date:	01/27/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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 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:

According to the records made available for review, this is a 62-year-old male with a 6/4/10 date of injury, and status post right total knee replacement 4/23/14. At the time (10/28/14) of request for authorization for associated surgical service: additional post-operative physical therapy 1 times a week for 4 weeks right knee, there is documentation of subjective (right knee pain rated 5/10, pain made worse by prolonged walking, stairs) and objective (right knee range of motion 0-105 degrees, positive diffuse tenderness, positive quadriceps atrophy, soft tissue swelling, and effusion, 4/5 quadriceps strength of the right lower extremity) findings, current diagnoses (status post right total knee replacement 4/23/14, degenerative joint disease, right knee), and treatment to date (medications, home exercise program, and physical therapy x 36 authorized). Medical reports identify that there has been decrease in pain and increase in range of motion and strength with previous physical therapy. There is no documentation of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy 1 Times a Week for 4 Weeks Right Knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 4 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post right total knee replacement 4/23/14, degenerative joint disease, right knee. In addition, there is documentation of status post right total knee replacement on 4/23/14. Furthermore, there is documentation of 36 physical therapy visits completed to date, which exceeds guidelines, functional benefit and improvement. However, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence; the request for Additional Post-Operative Physical Therapy 1 Times a Week for 4 Weeks Right Knee is not medically necessary.