

Case Number:	CM14-0195680		
Date Assigned:	12/03/2014	Date of Injury:	12/17/2002
Decision Date:	03/03/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This injured worker was injured on 12/17/2002 while being employed. On physician's progress report dated 10/30/2014 that injured worker was a good candidate for a his unicompartmental prosthesis to be converted to a total knee. The physician requested twenty four post-op physical therapy sessions and six home physical therapy sessions. There was no supporting evidence that the injured worker underwent a left knee medial hemiarthroplasty submitted for this review requiring post-op physical therapy. MRI of the left knee on 04/25/2013 revealed a large osteochondral lesion in the posterior weight bearing medial femoral condyle and evidence of mild patellofemoral arthrosis with postoperative changes from previous surgeries. The Utilization Review dated 11/07/2014 non-certified the request for Post-op physical therapy, 24 visits, left knee as not necessary. The reviewing physician referred to CA MTUS Guidelines Postsurgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: 24 sessions of post op physical therapy for the left knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee section, physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 24 sessions physical therapy to the left knee are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The frequency and duration of physical therapy are enumerated in the official disability guidelines according to the injuries sustained. In this case, there are several progress notes in the medical record. There are no diagnoses/assessments in the medical record. A bone scan was performed that showed findings consistent with loosening a long heavy prosthesis. The treating physician felt the injured worker was a good candidate to convert the unicompartmental prosthesis to a total knee prosthesis. The request for authorization addressed an assistant surgeon, 24 postoperative physical therapy sessions, and six home physical therapy sessions. The request also addressed a cooler, crutches and a CPM machine. The documentation did not contain any evidence that the surgical procedure was performed. The documentation did not contain any evidence that the surgical procedure was certified. Additionally, there were no subjective complaints from the injured worker. There was no physical examination in the record regarding the injured worker and there were no medications documented in the medical record. Consequently, absent clinical documentation supporting the surgical procedure (total knee), a surgical assistant, diagnoses and a subjective and objective history, 24 sessions of physical therapy to the left knee and associated surgical services are not medically necessary.