

Case Number:	CM14-0196486		
Date Assigned:	12/04/2014	Date of Injury:	01/23/2008
Decision Date:	01/29/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

This is a 67-year-old female with a 1/23/08 date of injury. According to a progress report dated 1/13/14, the patient was seen for reevaluation of her left knee, following left total knee arthroplasty. She stated that she was doing fairly well and had constant discomfort of her left knee than her right knee. The patient may consider moving forward with right total knee arthroplasty given her improvement in her left knee. According to a physical therapy report dated 1/8/14, the patient has been seen for a total of 7 physical therapy visits for post-operative knee care. She had 5 additional physical therapy visits authorized, for a total of 12 visits. Unless otherwise requested, the patient was to be transitioned at this point to unsupervised home exercise only. She has been doing very well in her physical therapy rehabilitation and has recovered full and painfree extension of the knee, as well as excellent flexion range of motion. She reported gradual but significant reduction in left knee pain, however, her walking tolerance remained limited in particular due to her right painful knee. Objective findings: full extension of knee, flexion limited to 115 degrees, no significant swelling of the knee, good strength with knee flexion and extension. Diagnostic impression: myoligamentous lumbar spine strain/sprain, multilevel lumbar spondylosis, persistent complaints of left lower extremity radiculopathy, history of right knee arthroscopy, status-post left knee arthroscopy on 5/10/12, bilateral knees degenerative joint disease, status post total knee arthroplasty on 11/6/13. Treatment to date: medication management, activity modification, surgeries, physical therapy. A UR decision dated 10/27/14 denied the request for physical therapy x 6 visits, right knee. The included administrative notes indicate that the injured worker has previously been authorized for "20+" postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy visits for the knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In the present case, guidelines support up to 24 visits over 10 weeks for postsurgical treatment of knee arthroplasty. However, it is noted that this patient has completed 5 out of 12 approved physical therapy sessions with improvement. The medical necessity for additional treatment cannot be established prior to the completion of the prior course of authorized treatment. In addition, the physical therapy note dated 1/8/14 indicated that the patient was to be transitioned at this point to unsupervised home exercise only. There is no documentation of significant functional deficits that would suggest this patient requires additional physical therapy at this time. Furthermore, it is unclear if this request is specifically for postoperative physical therapy of the left knee or for physical therapy of the right knee. Therefore, the request for 6 physical therapy visits for the knee is not medically necessary.