

Case Number:	CM14-0197025		
Date Assigned:	12/05/2014	Date of Injury:	04/29/2003
Decision Date:	01/31/2015	UR Denial Date:	10/31/2014
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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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:

The injured worker is a 44-year-old male who was injured on 4/29/2003 when he fell out of a truck. Per progress note of 7/2/2014 the injured worker complained of pain and swelling in his right knee. He had undergone surgery on 7/31/03 but there were ongoing issues with pain. Additional surgery was then performed in March 2004 with worsening of symptoms. Surgery was again performed in November 2004 and May 2005. A total knee arthroplasty was then performed on 8/3/2013. A progress note dated 3/4/2014 indicates there was good range of motion present but there was a slight wobble of the patella. A progress note of 4/1/2014 indicates palpable clicking, instability and weakness of the right knee. On July 1, 2014 the right knee pain persisted and there was tenderness to palpation on the medial and lateral aspects. An orthopedic note of July 17, 2014 indicates failure of the right total knee replacement with a loose prosthesis. There was also a complex regional pain syndrome involving the right knee by history which had since resolved. Authorization was sought for a total knee replacement revision. On October 16, 2014 a panel qualified medical evaluation was performed. There was constant aching pain in the right knee. He also noted a stabbing pain in the medial right knee with walking and occasionally when sitting. There was clicking, popping, and sliding in the right knee. The pain level was reported to be 7/10 on examination he was walking with an analgesic gait favoring the right leg. He had a brace on the right knee. X-rays of the right knee demonstrated a total knee replacement. The tibial tray seemed to be slightly undersized but overall alignment was satisfactory. The physician recommended a polyethylene exchange to get better flexion/extension gap adjustment and improve the stability in the knee. A consultation with an adult reconstruction specialist was recommended. The other problem was a metal-backed patella which by itself can be problematic. A physical therapy request for 2 x 6 treatments for the right knee was modified by utilization review to 4 visits on 10/31/2014. The

documentation does not indicate if the consultation for revision surgery was performed. There is no request submitted for revision total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right knee 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The injured worker has a right total knee arthroplasty with a metal-backed patella and instability. The documentation submitted indicates a need for revision arthroplasty to correct the instability and also to revise the metal-backed patella to a cemented polyethylene-patellar component. Diagnostic testing to determine the extent of loosening of the tibial component is not submitted. He is using a brace and has difficulty with ambulation and high pain levels. There is patellar maltracking with popping and clicking noted. The physical therapy recommended at this time is not the postoperative therapy but the intent is to try and relieve chronic pain and facilitate ambulation. The guidelines indicate that passive therapy can provide short-term pain relief and active therapies are recommended during the rehabilitation process. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. Based upon the documentation submitted, physical therapy will not relieve the pain. The injured worker is in need of additional surgery to correct the instability in the knee and to replace the metal-backed patella. However, fading of treatment frequency from 3 visits per week to one or less is advised to supervise a home exercise program until appropriate consultations have been obtained for the revision surgery and the problem corrected. Therefore the 4 visits approved by utilization review are necessary and appropriate. Long-term physical therapy will not result in objective functional improvement in light of the underlying condition of the unstable and painful total knee arthroplasty which according to the medical records is in need of revision surgery. In light of the above the request for physical therapy 2 times 6 for the right knee is not supported by guidelines and as such, the medical necessity of the request is not substantiated.