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| Case Number: | CM14-0201603 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 09/20/2011 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

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, has a subspecialty in ENTER SUBSPECIALTY 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 71-year-old female, with a reported date of injury of 09/20/2011. The result of the injury was left knee pain. The current diagnoses include left knee arthritis and status post left total knee replacement. The past diagnosis includes left knee arthritis. Treatments have included Synvisc injection to the left knee, which helped; bone scan of the bilateral knees on 04/16/2014, which showed suspected bilateral advanced patellofemoral degenerative joint changes, and suspected limited bilateral medial femorotibial degenerative joint changes; and physical therapy. The medical records provided for review do not include a copy of the physical therapy reports. The progress report (PR-2) dated 10/27/2014 indicates that the injured worker had a left total knee replacement on 07/14/2014. She was using a walker for assistance, and participated in physical therapy. The injured worker had improved pain and swelling. The objective findings included -3 degree extension; and flexion at 98 degrees. The treating physician recommended that the injured worker continue physical therapy. On 11/10/2014, Utilization Review (UR) modified the request for physical therapy three (3) times a week for six (6) weeks for the left knee. The UR physician cited the MTUS Postsurgical Treatment Guidelines and provided certification for physical therapy three (3) times a week for one (1) week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6 to 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, Postsurgical Treatment Guidelines.

Decision rationale: The post-surgical treatment guidelines allow 24 visits over 10 weeks for a total knee arthroplasty. The post-surgical physical medicine treatment period is 4 months. The guidelines indicate an initial course of therapy of 12 visits. Then with documentation of objective functional improvement a subsequent course of therapy may be prescribed consisting of another 12 visits within the 4 month period. The surgery date was 7/14/2014 and so the postsurgical physical medicine treatment period expired on 11/14/2014. The request as stated is for 18 additional visits which exceeds the guidelines and is not medically necessary. However, the injured worker complains of chronic pain in the front of the knee as well as in the calf and has difficulty getting up from a seated position. There is night pain. It is not certain if she is participating in a home exercise program. The treating provider can request chronic pain physical therapy under the guidelines which allows for fading of treatment frequency from up to 3 visits per week to one or less and an active self-directed home physical medicine which specifies 9-10 visits over 8 weeks for myalgia and myositis. However, the request as stated for 3 x 6 physical therapy visits for the left knee is not medically necessary.