

Case Number:	CM14-0208399		
Date Assigned:	12/22/2014	Date of Injury:	08/09/2011
Decision Date:	02/20/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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

Certification(s)/Specialty: Orthopedic Surgery, Sports 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:

The injured worker is a 54-year-old male who reported an injury on 08/09/2011. The mechanism of injury was not documented within the clinical notes. The diagnoses were noted to include chronic low back pain, right lower extremity pain, and right knee meniscectomy. The past treatments were noted to include aquatic therapy, acupuncture therapy, and physical therapy. The MRI of the lumbar spine, performed on 10/19/2011, revealed 5 mm disc protrusion at the L4-5 level. The surgical history was noted to include right knee meniscectomy and lumbar laminectomy. The subjective complaints on 08/14/2014 included low back pain and right lower extremity pain. The physical examination revealed pain with range of motion of shoulders bilaterally. The medications were noted to include OxyContin 30 mg, morphine sulfate 20 mg, baclofen 10 mg, trazodone 50 mg, and Wellbutrin 150 mg. The treatment plan was not documented within the clinical note. A request was received for associated surgical services - 24 sessions of postoperative physical therapy 3 times 8 weeks to the right knee. The rationale for the request was not documented within the clinical note. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services- Twenty-Four Sessions of Post-Operative Physical Therapy 3x 8weeks to the right knee: Upheld

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

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

Decision rationale: The request for associated surgical services 24 sessions of postoperative physical therapy 3 times 8 weeks to the right knee is not medically necessary. The California Postsurgical Treatment Guidelines state that up to 24 visits of physical therapy may be supported for postsurgical treatment of total knee arthroplasty. The guidelines also state that continued visits are contingent upon objective functional improvement. The clinical notes indicate that the injured worker has already attended 12 sessions of postoperative physical therapy. However, there was a lack of objective functional improvement from the previous therapy sessions rendered. Additionally, the request as submitted exceeds the guideline recommendations and there were no exceptional factors noted as to why additional visits beyond the guideline recommendation should be considered. Given the above information, the request is not supported by the evidence based guidelines. As such, the request for Twenty-Four Sessions of Post-Operative Physical Therapy is not medically necessary.