

Case Number:	CM14-0209863		
Date Assigned:	12/22/2014	Date of Injury:	06/07/2013
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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: Physical Medicine & Rehabn

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 patient is a 72 year old male with the injury date of 06/07/13. Per physician's report 10/28/14, the patient has left knee pain at 7/10. The patient is s/p left total knee replacement on 09/12/14. "The patient still complains of persistent pain, but the physical therapy reports states that overall it is improving." Range of left knee motion is from 0 to 100 degrees. The patient ambulates with a walker. The treater "requested [additional] therapy to increase muscle conditioning and stretching, restore function and movement and focus on proper body mechanics. " Per 09/30/14 progress report, the lists of diagnoses are:1) Instability, left knee joint 2) Sprain, bilateral knee 3) Tear, left medial collateral ligament4) Tear, left medial meniscus Per 09/02/14 physical therapy report, the patient has been in a rehab facility for a short of time and has had home therapy. The range of left knee is from 7 degrees to 98 degrees. The goal of therapy is that he is able to walk without a walker. The utilization review determination being challenged is dated on 11/20/14. Treatment reports were provided from 07/22/14 to 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Post-Op Physical Therapy Sessions for the Left Knee (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with pain in his left knee. The patient is s/p left total knee replacement on 09/12/14. The request is for Additional 12 Sessions Of Physical Therapy For The Left Knee. Per the utilization review 11/20/14, 24 sessions of therapy was authorized as post-op treatment. The review of the reports indicates that the patient has been attending therapy. The recent physical therapy report 10/10/14 is provided for the view. The current request of additional 12 therapy sessions is within post-operative time frame following the left knee surgery. For post-operative therapy treatments MTUS guidelines page 24 and 25 allow 24 sessions of physical therapy over 10 weeks after following arthroplasty. In this case, review of the reports does not discuss how the patient has responded to treatments in terms of pain reduction or functional improvement. The treater indicates that "the patient still complains of persistent pain but the physical therapy report indicates overall it is improving." It would appear that the patient has had adequate therapy recently. The physical therapy report mention the patient has done home therapy, but the treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with 24 already received would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.