

Case Number:	CM14-0210003		
Date Assigned:	12/23/2014	Date of Injury:	09/05/2011
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
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. The expert reviewer is Board Certified in Orthopedic Surgery 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:

According to the records made available for review, this is a 48-year-old male with a 9/5/11 date of injury, and status post left knee total knee replacement on 12/17/13. At the time (11/11/14) of the request for authorization for physical therapy 3 times a week for 8 weeks for the left knee and Dynasplint rental for 2 months for the left knee, there is documentation of subjective (pain and soreness, greater pain when walking and it bothers his lumbar spine as well) and objective (left knee range of motion 0-90) findings, current diagnoses (status post left total knee replacement), and treatment to date (30 postoperative physical therapy sessions). Regarding physical therapy 3 times a week for 8 weeks for the left knee, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy sessions completed to date; and a statement of exceptional factors to justify going outside of guideline parameters. Regarding Dynasplint rental for 2 months for the left knee, there is no documentation of joint stiffness caused by immobilization; established contractures when passive ROM is restricted; healing soft tissue that can benefit from constant low-intensity tension (including patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis), or used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 8 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of postsurgical treatment of arthritis not to exceed 24 visits over 10 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of status post left total knee replacement. However, there is documentation of treatment with 30 postoperative physical therapy sessions, which exceeds guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy sessions completed to date. Finally, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 3 times a week for 8 weeks for the left knee is not medically necessary.

Dynasplint rental for 2 months for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Static progressive stretch (SPS) therapy.

Decision rationale: MTUS does not address the issue. ODG identifies documentation of joint stiffness caused by immobilization; established contractures when passive ROM is restricted; healing soft tissue that can benefit from constant low-intensity tension (including patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic

conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis), or used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion, as criteria necessary to support the medical necessity of Dynasplint. Within the medical information available for review, there is documentation of diagnoses of status post left total knee replacement. However, given that total knee replacement was over a year ago, there is no documentation of joint stiffness caused by immobilization; established contractures when passive ROM is restricted; healing soft tissue that can benefit from constant low-intensity tension (including patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis), or used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. Therefore, based on guidelines and a review of the evidence, the request for Dynasplint rental for 2 months for the left knee is not medically necessary.