

Case Number:	CM14-0216976		
Date Assigned:	02/04/2015	Date of Injury:	04/13/2012
Decision Date:	04/01/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 79-year-old female who reported an injury on 04/13/2012 due to a twisting injury. On 09/09/2014, she presented for a follow-up evaluation and consultation for her left knee replacement. There was also increased laxity of the lateral compartment when compared to the medial compartment and flexion and extension gaps were both tight. The knee had trace effusion and there was tenderness to palpation at the pes anserine, iliotibial band, and patella tendons. She was diagnosed with left knee arthrofibrosis status post total knee arthroplasty, overstuffing the left total knee arthroplasty due to increased polyethylene thickness, and medial compartment tightness with secondary pes anserine tendinitis. The treatment plan was for occupational therapy and physical therapy for the left knee 4 times a week for 6 weeks. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the left knee, four times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits for the injured worker's condition. Further clarification is needed regarding the injured worker's prior treatments and whether she had undergone physical therapy previously to address the same injury. Also, the radiate number of sessions exceeds the guidelines. There were no exceptional factors noted to support exceeding the guidelines, and therefore, the request would not be supported. Therefore, this request is not medically necessary.

Physical therapy for the left knee, four times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits for the injured worker's condition. Further clarification is needed regarding the injured worker's prior treatments and whether she had undergone physical therapy previously to address the same injury. Also, the radiate number of sessions exceeds the guidelines. There were no exceptional factors noted to support exceeding the guidelines, and therefore, the request would not be supported. Therefore, this request is not medically necessary.