

Case Number:	CM14-0058800		
Date Assigned:	07/09/2014	Date of Injury:	01/22/2013
Decision Date:	04/17/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 55 year old male who sustained an industrial injury on 07/09/2013 while working as a firefighter. He stepped into a deep water filled hole causing injury to his right knee, right hand and back. Treatment to date includes diagnostics, physical therapy and right total knee replacement on 09/23/2013. Diagnosis includes history of multiple surgeries of right knee including total knee replacement with stiffness. He presented for agreed medical examination on 03/26/2014. He was limping on his right leg and wearing a slip on brace. There was tenderness to palpation over the right knee with crepitation, synovial swelling with decreased range of motion and decreased motor strength. This is the most current note available in relation to the request for physical therapy 2 times 6 to right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PO physical therapy 2x6 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The MTUS Post-surgical Treatment Guidelines state that following a total knee arthroplasty up to 24 supervised physical therapy sessions may be recommended to help strengthen and gain range of motion and to help transition the patient to a more independent home-based exercise regimen. In the case of this worker, who had right knee total replacement/arthroplasty on 9/23/13, he had reportedly completed 35 supervised sessions of physical therapy (post-op) for his knee. He was recommended an additional 12 sessions of physical therapy. However, he has already surpassed the limit of recommended sessions and should be able to effectively complete home exercises at this point. Also, there was no evidence to suggest that he was not capable of performing home exercises. Therefore, the additional physical therapy will be considered medically unnecessary.