

Case Number:	CM15-0005391		
Date Assigned:	01/16/2015	Date of Injury:	10/06/2011
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/10/2015

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 & 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 37-year-old male who reported an injury on 10/06/2011. The mechanism of injury was cumulative trauma. He is diagnosed with advanced traumatic arthritis of the right knee and status post total right knee replacement on 07/18/2014. He has completed 29 postoperative physical therapy visits since his total knee replacement surgery. On 11/03/2014, physical therapy evaluation revealed 120 degrees right knee flexion and normal extension. At his followup on 11/24/2014, his physical examination revealed flexion to 110 degrees and normal extension. His motor strength was noted to be 4+/5 in flexion and extension of the knee. Additional physical therapy was recommended as he continued to make progress, but had remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 2 times per week for 4 weeks (8 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG postoperative physical therapy guidelines

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

Decision rationale: According to the California MTUS Guidelines, 24 postoperative physical therapy visits are recommended after knee arthroplasty. The guidelines also specify that the postsurgical physical medicine treatment period of 4 months. The clinical information submitted for review indicated that the injured worker had completed 29 postoperative physical therapy visits with objective functional improvement in range of motion. He was also noted to have residual range of motion deficits in flexion and slightly decreased motor strength in flexion and extension of the right knee. However, the injured worker has exceeded the recommended postsurgical physical medicine treatment period and there was no documentation indicating why additional supervised physical therapy visits are required over participation in a home exercise program to address his residual functional deficits. Furthermore, the request as submitted did not indicate a body part to be treated with the recommend physical therapy. Therefore, the request is not medically necessary.