

Case Number:	CM15-0012123		
Date Assigned:	01/29/2015	Date of Injury:	09/17/2007
Decision Date:	04/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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: Maryland

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

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 65- year old female, who sustained an industrial injury on September 17, 2007. She has reported injury due to cumulative trauma. The diagnoses have included status-post total knee replacement, degenerative arthritis of the right and left knee and status-post arthroscopy of the right knee. Treatment to date has included pain medication, knee brace, physical therapy with home exercise programs, arthroscopy of the right knee with partial medial meniscectomy and chondroplasty and cemented right total knee arthroplasty. Currently, the IW complains of ongoing right knee pain with stiffness and swelling. Physical exam was remarkable for tenderness to palpation and swelling of the right knee. Currently the worker is not working. On January 12, 2015, Utilization Review non-certified a request for additional physical therapy, twice weekly for six weeks to the right knee, noting the worker had undergone a total knee replacement in November 2014 and the documentation did not contain information of response to physical therapy visits describing progress, deficits and goals. The MTUS, Post-Surgical Treatment Guidelines was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of additional physical therapy, twice weekly for six weeks to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy, twice weekly for 6 weeks, right knee: Upheld

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

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

Decision rationale: Postoperative physical therapy, twice weekly for 6 weeks, right knee is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 24 visits of post op knee therapy for this condition. The documentation does not include physical therapy notes with objective evidence of functional improvement. It is unclear how many prior PT sessions the patient has had. The request for post op physical therapy for the right knee is not medically necessary.