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| Case Number: | CM15-0130367 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 02/02/2006 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: Preventive Medicine, Occupational 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:

This 64 year-old male sustained an industrial injury to the back and knees on 2/2/06. The injured worker underwent right total knee arthroplasty on 9/8/14. The procedure was complicated by a postoperative cellulitis requiring hospital readmission and a course of antibiotics. The injured worker received postoperative physical therapy. Documentation did not disclose the number of postoperative physical therapy sessions. In a PR-2 dated 6/22/15, the injured worker complained of continuing significant right knee pain and swelling as well as ongoing low back pain. Physical exam was remarkable for right knee with a small effusion and decreased range of motion. The injured worker walked with a mild limp. Current diagnoses included annular tears at L2-3 and L5-S1 with multilevel degenerative changes, status post right total knee arthroplasty, left knee degenerative arthrosis and psychiatric complaints. The treatment plan included laboratory studies, six sessions of physical therapy for the right knee, consultation with a new total joint specialist regarding the right knee with possible revision and a psychology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee, quantity: 6 sessions: Upheld

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

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

Decision rationale: MTUS post-surgical Guidelines recommend that up to 24 sessions over a 4-month post operative time period is adequate for this individuals condition. There has been post operative complications with soft tissue infection, however this appears to have been cleared up and the surgery was close to 12 months ago. There is no documentation in the records reviewed that details the improvements from prior physical therapy nor is the amount of prior physical therapy documented. The Guideline post-operative therapy time period expired long ago even if a reasonable extension is/was appropriate due to a wound infection. Under these circumstances, the additional 6 sessions of physical therapy for the right knee is not supported by Guidelines and is not medically necessary.