

Case Number:	CM15-0131296		
Date Assigned:	07/17/2015	Date of Injury:	10/28/1983
Decision Date:	08/17/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/07/2015

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:

The injured worker is a 62 year old male, who sustained an industrial injury on 10/28/1983. The mechanism of injury was cumulative trauma. The injured worker was diagnosed as having pes anserinus bursitis, gait abnormality and localized osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included bilateral knee replacement, right knee redo, physical therapy and medication management. In a progress note dated 6/5/2015, the injured worker complains of right knee pain rated 8/10. Physical examination showed decreased right knee range of motion and moderate effusion of the right knee. The treating physician is requesting post-operative physical therapy for 12 sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy, additional, 2 times wkly for 6 wks, Right Knee, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Physical Medicine.

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

Decision rationale: Per the post-surgical treatment guidelines, the post-surgical physical medicine treatment period is 4 months, with 24 physical therapy sessions authorized over 10 weeks. In this case, the injured worker has completed over 40 physical therapy sessions without a significant improvement in function. After completion of over 40 sessions, the injured worker should be able to continue with a home-based, self-directed exercise program. The request for post operative physical therapy, additional, 2 times wkly for 6 wks, right knee, 12 sessions is determined to not be medically necessary.