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| Case Number: | CM15-0133695 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 01/13/2015 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/10/2015 |

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, Pain Management

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 43-year-old female who sustained an industrial injury on 01/13/15. Initial complaints and diagnoses are not available. Treatments to date include left leg surgery, medications, a knee immobilizer, and a wheelchair, as well as physical therapy. Diagnostic studies are not addressed. Current complaints include lower back, left knee and leg pain. Current diagnoses include status post left fracture of tibia/fibula, lumbar spine sprain/strain, rule out left knee internal derangement, and rule out discogenic back pain. In a progress note dated 05/22/15 the treating provider reports the plan of care as orthopedic surgery consultation, physical therapy, transportation to all medical appointments, and medications including Norco and a transdermal analgesic. The requested treatments include additional postoperative physical therapy to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post-Op Physical Therapy 3x4 to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Code of Regulations on pages 24-25 specify the following regarding post-operative physical therapy for the knee: "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term, therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Minns Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) Fracture of tibia and fibula (ICD9 823): Postsurgical treatment (ORIF): 30 visits over 12 weeks, Postsurgical physical medicine treatment period: 6 months." In the case of this request, there is a note from 5/22/15 and another from 6/18/15 dates of service, which request extension of PT. The submitted documentation does not clearly indicate how many post-op sessions have been attended to date. Without this information, the current request cannot be matched with guideline criteria. This request is not medically necessary without further information.