

Case Number:	CM15-0136127		
Date Assigned:	07/24/2015	Date of Injury:	07/25/2012
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, 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 applicant is a represented 55-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 25, 2012. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and a three-month Dynasplint rental. The claims administrator referenced an RFA form dated June 2, 2015 in its determination along with an associated progress note of April 30, 2015. On February 26, 2015, the applicant reported ongoing complaints of knee pain status post total knee arthroplasty. The applicant had developed GI distress with both Dilaudid and Celebrex, it was reported. Nine sessions of physical therapy and Percocet were endorsed while the applicant was placed off of work, on total temporary disability. On March 19, 2015, the applicant was given work restrictions and asked to employ Percocet for pain relief. It was not clearly stated whether the applicant was or was not working. The applicant had undergone a total knee arthroplasty on February 11, 2015, it was reported on this date. On April 30, 2015, the applicant reported ongoing complaints of knee pain. The applicant was still using Percocet for pain relief. The applicant was using a cane outside of the home but was no longer using a cane at home. -2 to 115 degrees of knee flexion with 4+/5 knee extension strength were appreciated. Some degree of quadriceps atrophy was noted. The applicant had developed arthrofibrosis of the knee following a manipulation under anesthesia appreciated following a total knee arthroplasty procedure, it was reported. Work restrictions and additional physical therapy were endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. In an operative

report dated April 14, 2015, the applicant underwent a manipulation under anesthesia procedure to ameliorate a diagnosis of knee arthrofibrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical therapy to the right knee two times a week for six weeks: Overturned

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 Postsurgical Treatment Guidelines. (c) Postsurgical Patient Management (2) Manipulation under Anesthesia (knee) [DWC]: Postsurgical treatment: 20 visits over 4 months. Postsurgical physical medicine treatment period: 6 months, Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months.

Decision rationale: Yes, the request for 12 sessions of physical therapy was medically necessary, medically appropriate, and indicated here. The request seemingly represented a first-time request for postoperative physical therapy to the knee following a manipulation under anesthesia procedure of April 14, 2015. The MTUS Postsurgical Treatment Guidelines do support a general course of 20 sessions of postoperative physical therapy following a manipulation under anesthesia procedure, as apparently transpired here. The applicant was also within the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total knee arthroplasty surgery of February 11, 2015 as of the date of the request, April 30, 2015. The MTUS Postsurgical Treatment Guidelines support a general course of 24 sessions of postsurgical physical medicine following a total knee arthroplasty surgery, as also transpired here. The Postsurgical Treatment Guidelines further stipulate in MTUS 9792.24.3.c2 that the medical necessity for postsurgical physical medicine is contingent on applicant-specific factors such as comorbidities, prior pathology and/or surgery involving the same body part, nature, number, and complexity of the surgical procedure undertaken, presence of surgical complications, etc. Here, the applicant's initial total knee arthroplasty had been complicated by development of postoperative arthrofibrosis. The applicant had undergone a second procedure, a manipulation under anesthesia procedure, on April 14, 2015. The applicant still had residual gait deficits requiring usage of a cane and mobility deficits reported on the April 30, 2015 office visit at issue. Additional physical therapy on the order proposed was, thus, indicated to facilitate the applicant's return to work. The attending provider was seemingly documenting progression by diminishing the applicant's work restrictions from visit to visit, it was further noted. Further improvement was possible as of the date of the request, April 30, 2015. Therefore, the request was medically necessary.

Dynasplint rental for three months: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Static progressive stretch (SPS) therapy.

Decision rationale: Similarly, the request for a Dynasplint (a static progressive stress therapy device) is likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODG's Knee Chapter Static Progressive Stress Therapy topic notes that static progressive stress therapy devices are recommended in applicants with joint stiffness caused by immobilization and/or to ameliorate range of motion deficits as an adjunct to physical therapy within three weeks of a manipulation procedure or surgical procedure. Here, the request was initiated on April 30, 2015, i.e., within three weeks of the date the manipulation under anesthesia procedure transpired, April 14, 2015. The attending provider did indicate that the Dynasplint (AKA a static progressive stress therapy device) was indicated to ameliorate the applicant's range of motion and activity level postoperatively. Therefore, the request was medically necessary.