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| Case Number: | CM15-0140956 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 04/16/2012 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 07/08/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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

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 52 year old female, who sustained an industrial injury on April 16, 2012. The injured worker was diagnosed as having left total knee replacement and revision of left total knee replacement. Treatment to date has included left total knee replacement, revision of total knee replacement, physical therapy and medication. A progress note dated June 2, 2015 provides the injured worker complains of left knee pain. Physical exam notes incision of left knee revision of total knee replacement wound is clean dry and intact. There is note of contracture and failure to meet physical therapy goal. The plan includes additional physical therapy and extension device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) the left knee two (2) times a week for six (6) weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p left TKR on 2/14/14 with revision on 1/19/15 without complications and has completed at least 21 formal PT sessions. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's TKA is now over 7 months without documented functional limitations or post-op complications to allow for additional 12 physical therapy. The patient remains unchanged without functional improvement from treatment already rendered. The Outpatient physical therapy (PT) the left knee two (2) times a week for six (6) weeks are not medically necessary and appropriate.