

Case Number:	CM15-0148999		
Date Assigned:	08/12/2015	Date of Injury:	03/17/1982
Decision Date:	09/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/31/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 63 year old male patient, who sustained an industrial injury on 3-17-1982. The diagnoses include right total knee surgery and postoperative heterotopic calcification. Per the daily progress note dated 8/4/15, he had right knee pain and stiffness. Per the doctor's note dated 5/4/15, he had complains of difficulty with his right knee, primarily in the form of a 10 degree extension lag. The patient had regression in gait pattern and increased extension lag. It was documented that with physical therapy twice weekly, he improved his extension lag from 10 to 60 degrees, which allowed him to walk with only a minimal limp and negotiate stairs. He continued physical therapy on a private pay basis and his extension lag returned to 10 degrees. He lost significant stability when ambulating. The current medications list is not specified in the records provided. Per the physical therapy progress report dated 5-04-2015 he reported difficulty with home exercise program due to lack of assistance and cueing, both verbal and tactile. It was documented that he was two years post right total knee joint arthroplasty. Operative reports were not submitted. Treatment to date has included diagnostics, right total knee surgery, unspecified and extensive physical therapy, and home exercise program. The treatment plan included post-operative physical therapy, twice weekly, for the right knee. Clarification was submitted (6-26-2015) that treatment with physical therapy should continue for three months. It is unclear the amount of physical therapy sessions that were provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy two times a week (duration not specified) for the right 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 therapy page 98.

Decision rationale: Post op physical therapy two times a week (duration not specified) for the right knee. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had extensive physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of post op physical therapy two times a week (duration not specified) for the right knee is not established for this patient at this time.