

Case Number:	CM15-0160577		
Date Assigned:	08/27/2015	Date of Injury:	05/25/2004
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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, Hawaii

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 66-year-old female, who sustained an industrial injury on 5-25-2004. Diagnoses include painful stiff left total knee arthroplasty and right knee severe osteoarthritis. Treatment to date has included multiple surgical interventions (right total knee arthroscopy, 6-10-2014, left knee arthroscopy revision, 2-10-2015, and bilateral knee manipulation under anesthesia (MUA), 2015) as well as conservative treatment including medication management, activity modification and postoperative physical therapy. Per the Primary Treating Physician's Progress Report dated 6-29-2015, the injured worker reported continued bilateral knee stiffness with moderate inflammation after recent manipulation. Physical examination revealed moderate tenderness to palpation at the left knee. The left knee was unstable to valgus stress and range of motion was decreased (0-75 degrees) with moderate pain. The plan of care included physical therapy, activity as tolerated, pain medication, continues off work, and reevaluation. Authorization was requested for post-op physical therapy 2-3 times per week for 6-8 weeks.

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 2-3 x weeks x 6-8 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with continued bilateral knee stiffness with moderate inflammation after recent manipulation. The current request is for continued post-op Physical Therapy 2-3 times a week for 6-8 weeks. The treating physician states, in a report dated 06/29/15, PT for aggressive left knee ROM and strengthening for acute rehabilitation management of her recent left total knee arthroplasty revision. (22B) Operative report dated 02/10/15 indicates a Left TKA Revision (femoral, tibial, and patellar components) was performed. (32B) The MTUS PSTG recommend 24 sessions of post-surgical PT over 10 weeks following this procedure. In this case, the treating physician has requested post-operative PT which is supported by the MTUS PSTG. The current request is medically necessary.