

Case Number:	CM15-0166628		
Date Assigned:	09/11/2015	Date of Injury:	06/05/2011
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 5, 2011. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for an additional 8 sessions of physical therapy for the knee. The claims administrator referenced an RFA form received on August 13, 2015 in its determination, along with a progress note dated July 10, 2015. The claims administrator contended that the applicant had had 24 sessions of physical therapy following earlier total knee arthroplasty surgery of July 10, 2015. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported ongoing complaints of left knee pain. Well-preserved knee ranges of motion to 120 degrees were reported. The applicant's knee was apparently stable, it was reported. The applicant's gait was not described. X-rays demonstrated an intact prosthesis. Additional treatment was sought on the grounds that the applicant still had some pain and slight weakness. The applicant was given work restrictions. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 4 visits for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: No, the request for an additional 8 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was still within the 4-month postsurgical physical medicine treatment established in MTUS 9792.24.3 following earlier total knee arthroplasty surgery on March 13, 2015 as of the date of the request, July 10, 2015. The MTUS Postsurgical Treatment Guidelines were therefore applicable. The applicant had had prior treatment (24 sessions, per the claims administrator), seemingly in-line with the 24-session course suggested in MTUS 9792.24.3 following earlier total knee arthroplasty surgery. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.c4 further stipulate that the frequency of postsurgical visit should be gradually reduced or discontinued as the applicant gains independence in management of symptoms and with achievement of functional goals. Here, the applicant was described as having well-preserved knee range of motion to 120 degrees on the July 10, 2015 office visit at issue. X-rays demonstrated a stable, indwelling prosthesis. The applicant's gait was not clearly described. It did not appear, however, that the applicant had marked deficits which would have compelled the lengthy course of treatment in question. It appeared, thus, that the applicant had achieved functional goals as of the date of the request, July 10, 2015, seemingly obviating the need for further formal physical therapy. Therefore, the request is not medically necessary.