

Case Number:	CM15-0169347		
Date Assigned:	09/10/2015	Date of Injury:	12/08/2011
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 54 year old female, who sustained an industrial injury on December 8, 2011. The injured working sustained a fall and injured her bilateral knees. The diagnoses have included right knee medial meniscus tear and left knee osteoarthritis. The injured worker was temporarily totally disabled. Current documentation dated July 15, 2015 notes that the injured worker had a left knee total arthroplasty performed on June 4, 2015. The injured worker was noted to be doing well with improving strength and range of motion. The injured worker was continuing physical therapy twice a week. Examination of the left knee revealed a well healing incision and mild swelling over the knee. Range of motion was near full extension. Treatment and evaluation to date has included medications, radiological studies, braces, MRI, electrodiagnostic studies, injections, assistive devices, physical therapy (amount unclear), two right knee surgeries and two left knee surgeries. The treating physician's request for authorization dated July 20, 2015, requests outpatient additional post-operative physical therapy for the left knee, twice a week for four weeks. The original utilization review dated July 27, 2015 non-certified the request for outpatient additional post-operative physical therapy for the left knee, twice a week for four weeks due to lack of documentation of how many post-operative therapy sessions have been completed to date. In addition, Utilization Review notes that the completed therapy sessions to date should have provided ample time to begin transitioning the injured worker to a dynamic home exercise program to further address any ingoing deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional post operative physical therapy for the left knee, twice a week for four weeks: 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: The patient is a 54 year old female who had an injury on 12/08/2011. She fell and injured both knees. She had two right knee surgeries and two left knee surgeries. On 06/04/2015 she had a left total arthroplasty. She had a course of post operative physical therapy and the request is for an additional 8 physical therapy visits. The number of physical therapy visits she has received is unclear. She had multiple courses of physical therapy for both knees in the past in addition to the post operative physical therapy after the arthroplasty. By this point in time the patient should have been transitioned to a home exercise program and there is no documented superiority of continued formal physical therapy over a home exercise program. She has exceeded the 10 week post operative physical therapy course for arthroplasty as per MTUS post operative guidelines. Therefore, this request is not medically necessary.