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| Case Number: | CM15-0180353 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 06/12/2013 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 55 year old female, who sustained an industrial injury on June 12, 2013. The injured worker was being treated for end-stage osteoarthropathy of the right knee. On May 29, 2015, the injured worker underwent a right total knee replacement. Medical records (June 19, 2015 to August 13, 2015) indicate ongoing right knee pain. The medical records show the subjective pain rating has increased from 7 out of 10 on June 19, 2015 to 9 out of 10 on August 13, 2015. Records also indicate her medications facilitate maintenance of activities of daily living and allow her to adhere to physical methods. The physical exam (June 19, 2015 to August 13, 2015) reveals favoring of the left lower extremity with ambulation, decreasing right knee range of motion, and crepitus with range of motion. Treatment has included at least 16 sessions of physical therapy with therapeutic exercise and education regarding a home exercise program, home health care, activity modifications, home exercise, stretching, heat, and medications including pain (Hydrocodone and Tramadol), muscle relaxant (Cyclobenzaprine), anti-epilepsy, proton pump inhibitor (Pantoprazole), and non-steroidal anti-inflammatory (Naproxen). Per the treating physician (August 13, 2015 report), the injured worker remains temporarily totally disabled. On September 2, 2015, the requested treatments included for an additional 12 sessions of post-op physical therapy to the right knee. On September 9, 2015, the original utilization review partially approved a request for an additional 6 sessions of post-op physical therapy to the right knee (original request for #12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy (PT) treatment to the right knee 3 times a week for 4 weeks, outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with right knee pain. The current request is for Additional post-op physical therapy treatment to the right knee 3 times a week for 4 weeks. The treating physician's report dated 08/13/2015 (26B) states, "This is a request for additional physical therapy, postoperative, right knee at 3 times per week for 4 weeks. Active therapy. Recall 18 sessions to date facilitates diminished in pain and improve tolerance to standing and walking, and improved strength." The patient is status post total knee replacement from 05/29/2015. The MTUS post-operative physical therapy guidelines page 24 and 25 on arthropathy recommends 24 visits over 10 weeks. The physical therapy report dated 07/20/2015 (96B) shows that the patient has received 10 sessions. The therapist has noted that the patient needed continued treatment with emphasis on progressing knee ROM, improving gait and enhancing ADLs. In this case, the requested 12 additional sessions are within guidelines. The current request is medically necessary.