

Case Number:	CM15-0182966		
Date Assigned:	09/25/2015	Date of Injury:	02/25/2004
Decision Date:	10/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, 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:

The injured worker is a 67 year old male, who sustained an industrial injury on February 25, 2004. The initial symptoms reported by the injured worker are unknown. His work related injury ultimately progressed to osteoarthritis of the medial tibiofemoral compartment. The injured worker was currently diagnosed as having knee joint replacement. Treatment to date has included diagnostic studies, right knee surgery on January 12, 2015, medication and 18 post-operative physical therapy treatments. On September 2, 2015, the injured worker complained of pain that was mostly in the patellofemoral region. The pain was noted to be "minimal." Overall, he was noted to be doing well and improved. He was able to walk and climb stairs without any problems and continued to use a cane as needed. Notes stated that he just finished a motorcycle trip to [REDACTED]. Physical examination of the right knee was unremarkable. Right knee range of motion was extension 0 degrees and flexion 125 degrees. The treatment plan included the recommendation for a few additional physical therapy sessions as well as patellofemoral home exercise program. On September 9, 2015, utilization review denied a request for eight physical therapy visits to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy sessions to right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: According to the guidelines 24 visits of therapy over 10 weeks is appropriate after a knee replacement. In this case, the claimant's surgery was 8 months ago. The claimant had completed at least 18 sessions of therapy. There is no indication that additional therapy cannot be completed at home. The request for additional 6 sessions of physical therapy is not medically necessary.