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| Case Number: | CM15-0186508 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 05/20/2009 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

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
 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 57 year old male who sustained an industrial injury on 05-20-2009. Medical records indicated the worker had a right total knee replacement 04-10-2014, and a left total knee arthroplasty (04-10-2015). In the provider notes of 09/02/2015, the injured worker complains of constant left knee pain (rated a 6 on a scale of 0-10) when moving. He also complains of pain after walking 10-25 minutes, pain radiating to his shin, and numbness in his left knee. The worker has been doing physical therapy and has his last session scheduled for 09-03-2015. He states the physical therapy session "causes more pain than helping". The worker's current medications include hydrocodone-acetaminophen, and Lovenox. The worker is situation post left TKA and developed a PE post op. On examination, the incision is healed without signs of infection. He has a negative Homan's and no calf tenderness. Range of motion is 5-120. He has 1+ effusion in the left knee. A request for authorization was submitted for Ultram 50mg, #60 and Physical therapy 2 times a week for 4 weeks for the left knee. A utilization review decision 05-20-2009 Certified the Ultram 50 mg #60, Non-certified the Physical therapy 2 times a week for 4 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee - Physical Therapy.

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

Decision rationale: Review indicates the patient is s/p left TKA on 4/10/15, over 6-1/2 months ago and has completed at least 29 postop PT visits. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's TKA is now over 6-1/2 months without documented functional limitations or complications to allow for additional physical therapy. The patient remains off work without functional improvement from treatment already rendered and has actually noted physical therapy sessions to cause more pain than help. The Physical therapy 2 times a week for 4 weeks for the left knee not medically necessary and appropriate.