

Case Number:	CM15-0186749		
Date Assigned:	09/28/2015	Date of Injury:	07/06/2009
Decision Date:	11/04/2015	UR Denial Date:	08/28/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male who sustained an industrial injury on 07-06-2009. A review of the medical records indicated that the injured worker is undergoing treatment for arthrofibrosis and flexion contracture after right total knee replacement on 05-01-2015. The injured worker is status post right knee manipulation under general anesthesia on 07-06-2015. According to the treating physician's progress report on 08-20-2015, the injured worker was evaluated approximately six weeks post-operatively. Examination of the right knee demonstrated a well healed scar with range of motion documented as plus 5 to 110 degrees. Prior treatments included diagnostic testing, cortisone injections, manipulation surgery with 12 post-operative physical therapy sessions, home exercise program and medications. A progress report from the physical therapy department after the initial 12 sessions ended on 08-20-2015 noted knee tightness and pain and walks with a notable limp and antalgic gait. Knee flexion was at 120 degrees and extension at minus 5 degrees. Quadriceps and hamstring were noted to be tight with strength at 4 out of 5 and tenderness to palpation of the peripatellar area. The patellofemoral was hypo-mobile. Current medications were listed as Naprosyn, Risperidone and Divalproex. Treatment plan consists of starting Tramadol, continuing home exercise strengthening and stretching and the current request for additional physical therapy for the right knee twice a week for 6 weeks, 12 sessions. On 08-28-2015, the Utilization Review determined the request for physical therapy for the right knee twice a week for 6 weeks, 12 sessions was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right knee 2 times per week for 6 weeks 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in July 2009 and underwent a right total knee replacement on 05/01/15 and had manipulation under anesthesia on 07/06/15. When seen, there had been 12 postoperative physical therapy treatments including instruction in a home exercise program. Physical examination findings included decreased knee range of motion from 5 to 120 degrees. There was an antalgic gait. Authorization is being requested for an additional 12 physical therapy treatments. After the surgery performed, guidelines recommend up to 20 visits over 4 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.