

Case Number:	CM15-0187486		
Date Assigned:	09/29/2015	Date of Injury:	01/19/1995
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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 76-year-old male who sustained an industrial injury 1-19-1995. Diagnoses related to this request have included myalgia and enthesopathy of the knee. Documented treatment includes total right knee replacement and revision on 4-2-2015, injections, medication, and he has had at least 12 sessions of post-operative physical therapy. At the 8-31-2015 physical therapy visit, the therapist noted that "progress has been slow" due to the injured worker's "complex history of knee issues," but he is showing gradual improvement in functional activity tolerance and confidence with walking on uneven ground. He continued to have "significant" strength and endurance deficits, and in the note, concerns were expressed relating to decreasing safety. The injured worker continues to complain of intermittent right knee pain rated at 4 out of 10, weakness, and occasional "giving out." The treating physician's plan of care includes a request for authorization submitted 9-2-2015 for twelve additional post-operative physical and aquatic therapy sessions for the right knee, which were modified to 4 sessions on 9-14-2015. Work status is noted as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional postoperative physical/aquatic therapy to the right knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

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

Decision rationale: The claimant has a remote history of a work injury in January 1995 and underwent right total knee replacement revision surgery on 04/02/15. His body mass index is nearly 29. When seen, pool therapy was helping. He was ambulating with a can. There was a well healed surgical incision. Additional aquatic therapy is being requested. A physical therapy progress reported dated 08/31/15 references slow progress. Case note reference prior approval for 20 post-operative physical therapy treatments. After the surgery performed, guidelines recommend up to 24 visits over 10 weeks with a physical medicine treatment period of 4 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 revise or reestablish the claimant's home exercise program or transition the claimant into a self-directed pool program. The request is not medically necessary.