

Case Number:	CM15-0187710		
Date Assigned:	09/29/2015	Date of Injury:	11/19/2013
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
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: 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:

This is a 58 year old male with a date of injury of November 19, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for degenerative joint disease of the knee. The injured worker underwent a right total knee arthroplasty on May 5, 2015. Medical records dated July 21, 2015 indicate that the injured worker complains of pain rated at a level of 8 out of 10 and 10 out of 10 without medications. Records also indicate that the injured worker's activity level has decreased. A progress note dated August 11, 2015 notes subjective complaints of pain rated at a level of 9 out of 10 and 10 out of 10 without medications. The physical exam dated July 21, 2015 reveals right knee crepitus with active movement, tenderness to palpation over the lateral joint line and medial joint line, and mild effusion of the right knee joint. The progress note dated August 11, 2015 documented a physical examination that showed no changes since the examination conducted on July 21, 2015. Treatment has included medications and rehabilitation in a skilled nursing facility. The treating physician documented (August 11, 2015) that the injured worker "Continues to go to physical therapy", but there is no indication as to the number of physical therapy sessions attended to that date. The original utilization review (September 8, 2015) non-certified a request for eight sessions of physical therapy for the right 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 right knee: Upheld

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

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

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Physical therapy 2 times a week for 4 weeks for the right knee. The treating physician states in the report dated 8/11/15, "Physical Therapy twice daily until discharge." (177B) The MTUS Guidelines allow 24 visits over 10 weeks for knee replacements. In this case, the treating physician has documented that the patient had total knee replacement in 5/5/2015 and has had some physical therapy visits but did not document how many sessions the patient has completed or if the patient has had any functional improvement. There is also documentation of hospitalization for cellulitis on 5/8/2015 and subsequently discharged to a skilled nursing facility at the patient's request. However, there is no clear documentation regarding how much PT has received or why more is indicated. The current request is not medically necessary.