

Case Number:	CM15-0188142		
Date Assigned:	09/30/2015	Date of Injury:	11/16/2005
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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 68-year-old male, who sustained an industrial injury on 11-16-05. The injured worker was diagnosed as having difficulty in walking and joint replaced knee. Treatment to date has included left total knee arthroplasty on 11-3-14, at least 45 physical therapy sessions, a home exercise program, and medication including Tramadol HCL ER. On 7-17-15, the treating physician noted the injured worker was "happy with his left knee. Taking much less pain pills for his knee, but his overall body aches keep him kind of depressed." The treating physician noted the injured worker was "getting around without assistive devices." Physical examination findings on 9-9-15 included antalgic gait, moderate left knee effusion, and diffuse minimal left knee medial and lateral joint line pain. The injured worker was neurovascularly intact and pain was noted with hyperextension. Patellar grind was positive. On 7-17-15, the injured worker complained of left knee pain. On 9-9-15, the treating physician requested authorization for additional physical therapy sessions for the left knee x12. On 9-17-15, the request was modified to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 physical therapy sessions for the left 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 claimant has a remote history of a work injury occurring in November 2005 and underwent a left total knee replacement in November 2014. He had postoperative physical therapy and, as of 07/24/15 had completed 41 treatment sessions. He was performing a home exercise program. When seen by the requesting provider he was having ongoing pain. He was having difficulty with balance and with negotiating stairs. He had limited endurance. Physical examination findings included a body mass index over 30. There was an antalgic gait. There was a moderate left knee effusion with edema. There was minimal diffuse knee tenderness. He had decreased range of motion and pain with hyperextension. There was decreased quadriceps strength with muscle atrophy. An additional 12 physical therapy treatment sessions were requested. 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. The request is not medically necessary.