MAXIMUS Federal Services

Case Number:	CM15-0197980		
Date Assigned:	10/13/2015	Date of Injury:	11/25/2013
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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:

This 52 year old female sustained an industrial injury on 11-25-13. Documentation indicated that the injured worker was receiving treatment for bilateral knee osteoarthritis. The injured worker underwent right unicompartmental knee arthroplasty on 6-29-15 with incision and drainage on 7-7-15. The injured worker received postoperative physical therapy and medications. In a physical therapy re-evaluation dated 9-2-15, the injured worker had completed 12 postoperative physical therapy sessions. The injured worker reported having decreased pain with activity but increased pain at night. The injured worker reported that functional mobility and activities of daily living were slightly easier than at initial physical therapy evaluation. The therapist stated that the injured worker showed "fairly good" performance of home exercise program. The physical therapist stated that remaining deficits included impaired posture and gait sequencing with a single point cane, impaired strength, decreased range of motion and pain. The injured worker overall function remained decreased by 60-65%. In a PR-2 dated 9-10-15, the injured worker stated that he was much better but still having right knee pain especially when initiating ambulation as well as right leg weakness. The injured worker also complained of ongoing left knee pain with every step that he took. Physical exam noted right knee with completely healed surgical wound without heat or redness, range of motion 3 to 110 and visible right thigh atrophy and left knee with pain along the medial joint line, range of motion 0 to 120 degrees with pain and early varus deformity. The injured worker was fully ambulatory with a limp using a cane. The treatment plan included a prescription for Tramadol, continuing physical therapy three times a week for one week and continuing home exercise. On 9-22-15 Utilization Review noncertified a request for physical therapy three times a week for four weeks 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 3 x a week x 4 weeks for the right knee: Overturned

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

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

Decision rationale: Review indicates the patient is s/p unicompartmental knee arthroplasty on 6-29-15 with incision and drainage on 7-7-15. Physical therapy report of 9/2/15 noted the patient having completed 12 post-op PT visits with knee range of 0-120 degrees. Report from the provider on 9/10/15 noted the patient showing improvement with therapy; however, still with pain and weakness and range of 3-110 degrees with recommendations for further therapy and for the patient to try modified work. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a post-surgical physical medicine treatment period of 4 months. Submitted reports have adequately demonstrated the indication to support for an additional 12 visits to be within guidelines recommendation for 24 total visits. The patient's TKA is 4 months out from I&D on 7/7/15 with continued weakness and atrophy; however is making slow steady progress. Further consideration of therapy is reasonable with the documented functional benefit. The Physical therapy 3 x a week x 4 weeks for the right knee is medically necessary and appropriate.