

Case Number:	CM15-0205073		
Date Assigned:	10/22/2015	Date of Injury:	08/31/2009
Decision Date:	12/10/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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: Family Practice

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 68 year old male sustained an industrial injury on 8-31-09. Documentation indicated that the injured worker was receiving treatment for bilateral knee status post total replacement. The injured worker underwent right total knee replacement on 4-15-15. The injured worker received postoperative physical therapy and medications. The number of postoperative physical therapy sessions was unclear. In a home physical therapy discharge summary dated 5-15-15, the injured worker complained of right knee pain rated less than 2 out of 10 on the visual analog scale. The injured worker's right knee range of motion had improved with active flexion increased from -3 degrees to 100 degrees, right quadriceps strength had increased to 3+ out of 5, right hamstring strength had increased to 4 out of 5 and right knee swelling had decreased to a minimum. The injured worker could perform safe, independent transfers and walk independently on level surfaces using a single point cane. The treatment plan included continuing physical therapy. In a PR-2 dated 6-13-15, the injured worker complained of right knee stiffness in the morning and reported improvement to right knee range of motion after completing two sessions of outpatient physical therapy. Physical exam was remarkable for right knee with slight swelling and warmth, negative laxity and "decreased" range of motion with flexion. The injured worker walked with a limp using a single point cane. In a PR-2 dated 9-4-15, the injured worker complained of residual right knee pain, rated 6 out of 10 on the visual analog scale, associated with discomfort with walking, standing and going downstairs. The injured worker reported that there had been improvement with range of motion due to physical therapy. Physical exam was remarkable for right knee with range of motion 1 to 130 degrees and 4 out of 5 motor strength. The injured

worker walked with a limp using a cane to ambulate, especially when using the stairs. The treatment plan included physical therapy twice a week for three weeks to increase balance, strength and endurance, especially on stairs and continuing home exercise. On 9-22-15, Utilization Review noncertified a request for additional physiotherapy, six sessions (twice a week for three weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy; additional six sessions (two times a week for three weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

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

Decision rationale: The MTUS guidelines recommend up to 24 sessions of physical therapy status post knee replacement. In this case, the injured worker is status post knee replacement and has participated in postoperative physical therapy. The medical records note improvement from past physical therapy treatments and at this juncture the request for additional physical therapy treatment is supported to address the remaining deficits and to ensure the injured worker is properly educated and transferred to an independent home exercise program. The request for Physiotherapy; additional six sessions (two times a week for three weeks) is medically necessary and appropriate.