

Case Number:	CM15-0206093		
Date Assigned:	10/22/2015	Date of Injury:	12/20/2013
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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, North Carolina

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 12-20-2013. He has reported injury to the left knee. The diagnoses have included history of traumatic left leg injury, including injuries to the left knee and tibia, with non-union fracture, infections, status post seven surgeries including total knee replacement, reconstruction of tibia, reconstruction of patellar tendon and neurolysis. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Ultram. A progress report from the treating physician, dated 09-22-2015, documented an evaluation with the injured worker. The injured worker reported that he continues to have some pain about the left lower extremity; recently started having right shoulder pain; and he has a problem with his walker in regard to a break and will require it to be fixed. Objective findings included well-healed skin graft in place status post flap with excellent range of motion; he is able to ambulate with a brace; he has some improvement in regard to his left foot drop; he is definitely improved in terms of strength around the knee; and he tolerates his brace well. The provider has noted that the injured worker is status post osteomyelitis in the left tibia with resection and reconstruction; he has a known history of diabetes as well as foot drop; he has currently improved dramatically with physical therapy, but still remains weak about the left lower extremity; rotation in the extremity is much improved; and he will need another 10 sessions for gait training. The treatment plan has included the request for additional physical therapy #10 visits over two and one-half months for left knee. The original utilization review, dated 10-15-2015, modified the request for additional

physical therapy #10 visits over two and one-half months for left knee, to allow for 2 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy #10 visits over 2 and 1/2 months for Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS Guidelines states that post-surgical rehabilitation for the knee consists of 24 visits over 10 weeks following arthroplasty. In this case, the patient has had an unknown number of PT sessions with improvement and should be transitioned into a home exercise program (HEP). Teaching the patient a HEP should have already been accomplished, however if not, guidelines allow only 1-2 additional PT sessions to accomplish this training. Therefore the request for 10 additional sessions exceeds guidelines and is not medically necessary or appropriate.