

Case Number:	CM15-0025209		
Date Assigned:	02/17/2015	Date of Injury:	10/12/2011
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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:

The injured worker is a 53-year-old male who sustained an industrial injury on 10/12/11. He reports left knee with minimal swelling and significant limb atrophy. Treatments to date include a failed left total knee replacement and subsequent complex tibial revision with synovectomy, as well as medications and therapy. Diagnoses include overall improving left knee. In a progress note dated 01/08/15, the treating provider recommends continuing physical therapy focusing on quadriceps strength. On 01/21/15, Utilization Review non-certified the requested physical therapy citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the left knee #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: This patient is status post left knee revision total knee arthroplasty 8/8/14 and presents with moderate residual quadriceps atrophy and minimal swelling. The current request is for physical therapy to the left knee #12. The treating physician states that the patient would benefit from continuing physical therapy to focus on quadriceps strengthening. The MTUS Postsurgical Treatment Guidelines page 24, 25 support 12 visits over 12 weeks for knee meniscectomy. In reviewing the medical file, this patient participated in 27 postoperative physical therapy sessions. The physical therapy reports document the patient's progression through therapy. In this case, the patient has participated in ample postoperative physical therapy sessions and the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. Furthermore, the request additional 12 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.