

Case Number:	CM15-0029152		
Date Assigned:	02/23/2015	Date of Injury:	04/05/2013
Decision Date:	03/31/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old female who sustained an industrial injury on 04/15/13. The patient underwent left total knee replacement on 9/17/14, and completed 21 out-patient post-op visits as of 1/15/15. The 1/15/15 physical therapy note cited grade 6-7/10 pain, and indicated that her lumbar spine felt better today. The assessment indicated that the patient was highly guarded and had poor tolerance for passive range of motion. The 2/3/15 treating physician report indicated the patient was working hard in physical therapy but still complained of knee pain and limited range of motion. Physical exam documented knee flexion 100 degrees and extension 0 degrees. X-rays showed good placement of the prosthesis and no sign of loosening. A request was made for 12 additional post-operative physical therapy visits treating left knee. On 2/10/15, utilization review non-certified the request, noting the CA MTUS, Post-Surgical Rehabilitation, Knee was cited. The rationale indicated that the number of sessions completed was not provided and evidence of significant objective functional improvement with prior post-op physical therapy was not documented. On 02/17/15, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post op physical therapy x12 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 4-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The physical therapy records do not clearly document what objective measurable functional improvement was achieved in 21 sessions. There is no compelling reason to support the medical necessity of 12 additional supervised physical therapy over independent home exercise program at this time to achieve rehabilitation goals. Therefore, this request is not medically necessary.