

Case Number:	CM15-0029788		
Date Assigned:	02/23/2015	Date of Injury:	11/19/2003
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old female who sustained an industrial injury on 11/19/2003. Diagnoses include osteoarthritis of the right knee status post-operative right total knee arthroplasty on 08/21/2014, manipulation of the right knee for stiffness under general anesthetic. Treatment to date has included medications, manipulation of the right knee due to stiffness, and physical therapy. A physician progress note dated 01/06/2015 documents the injured worker is using a cane and stated her knee is doing better. She has a stiff legged gait, and range of motion of the right knee is 5-95 degrees, soft block. Strength test shows a quads lag at 0 degrees. The operative site is stable. Treatment requested is for Additional 18 sessions of post-op physical therapy for the right knee. On 01/15/2015 Utilization Review non-certified the request for additional 18 sessions of post-op physical therapy for the right knee, and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines, and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 18 sessions of post-op physical therapy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, an additional 18 session's postoperative physical therapy to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right knee replacement, manipulation; right knee osteoarthritis. The documentation in the medical record indicates the injured worker received 18 physical therapy sessions to date. The documentation also states the injured worker was noncompliant in attending physical there. The guideline recommendations for arthroplasty comprise 24 visits over 10 weeks. The injured worker received 18 sessions to date. The guidelines allow an additional six visits. The treating physician is requesting 18 additional physical therapy sessions. This is in excess of the recommended guidelines. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical third. Additionally, as noted above, the injured worker is noncompliant with attending physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement according to the recommended guidelines (24 sessions over 10 weeks), an additional 18 sessions postoperative physical therapy to the right knee is not medically necessary.