

Case Number:	CM15-0212209		
Date Assigned:	11/02/2015	Date of Injury:	11/13/2011
Decision Date:	12/11/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/28/2015

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: New Jersey

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 53 year old female who sustained an industrial injury on 11-13-2011. A review of medical records indicates the injured worker is being treated for right knee arthroplasty. Medical records dated 9-15-2015 noted bilateral eye lid swelling or proptosis with severe left temporal scalp pain and headache. She was recently treated with steroids and stated she feels much better. Physical examination noted a right knee brace; otherwise no joint abnormalities were noted. Distal pulses were intact. Treatment has included surgery and physical therapy (amount unknown). Utilization review form dated 10-9-2015 non-certified home health physical therapy-right knee post-op.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy (12 visits): right knee post-operative: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines section on knee pain/total knee arthroplasty subsection under post-operative physical therapy.

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

Decision rationale: The Postsurgical Treatment Guidelines state that following knee arthroplasty, up to 24 supervised physical therapy sessions over 10 weeks is recommended and appropriate. In the case of this worker, she underwent right knee arthroplasty on 9/9/15. Post-operative nursing rehabilitation was attended with an unstated number of occupational therapy sessions in the rehabilitation center was completed. Then, continued physical therapy was recommended (12 supervised sessions completed at home) upon release for home. There was evidence of ability to walk with assistance. Upon review of the notes made available there did not seem to be any evidence to suggest home-based supervised physical therapy was needed over getting this physical therapy at a dedicated physical therapy facility. The notes from the previous reviewer suggest the requesting provider agrees with this fact. Therefore, although physical therapy is warranted, this specific request for home health-based therapy is not medically necessary.