

Case Number:	CM15-0213541		
Date Assigned:	11/03/2015	Date of Injury:	11/01/2012
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 11-1-12. The injured worker was diagnosed as having right knee degenerative joint disease and status post right total knee replacement. Subjective findings (6-16-15, 9-15-15) indicated improving pain right knee pain (from 6 out of 10 pain to 3-4 out of 10). Objective findings (6-16-15, 9-15-15) revealed increasing right knee range of motion (from 0-110 degrees to 0-122 degrees), minimal tenderness and decreased peri-incisional sensation. As of the PR2 dated 10-13-15, the injured worker reports pain in the right knee. She indicated improvement with physical therapy, but still has 3-4 out of 10 pain. Objective findings include right knee range of motion is 0-120 degrees, minimal diffuse tenderness and decreased peri-incisional sensation. Treatment to date has included a right total knee replacement on 7-31-15, physical therapy x 21 sessions for the right knee (from at least 7-21-15 through 10-15-15) and Norco. The Utilization Review dated 10-21-15, non-certified the request for post-op physical therapy 2 x weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, and Postsurgical Treatment 2009, Section(s): Knee.

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

Decision rationale: The claimant sustained a work injury when she developed right knee pain while working as a bus driver due to repetitive use and has a date of injury in November 2012. She underwent arthroscopic surgery without improvement and then underwent a right total knee replacement in July 2015. As of 10/15/15 she had completed 21 postoperative therapy treatments. She had decreased swelling with improvement in range of motion and strength. When seen for postoperative follow-up in October 2015 she was improving with physical therapy. She had morning stiffness and anterior knee pain when arising from a seated position. She had pain rated at 3-4/10. Physical examination findings included a normal body mass index. There was decreased knee range of motion. She was able to reproduce an audible sound when shaking her leg consistent with the patellar button striking the metallic trochlea of the prosthesis. There was decreased sensation around her incision. Her gait was becoming more normal. Authorization was requested for an additional eight physical therapy treatment sessions. After the surgery performed, guidelines recommend up to 24 visits over 10 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.