

Case Number:	CM15-0040565		
Date Assigned:	03/10/2015	Date of Injury:	06/06/2012
Decision Date:	05/08/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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 61-year-old female who reported an injury on 06/06/2012. The mechanism of injury was not stated. The current diagnoses include sprain of the knee and leg, contusion of the hand, sprain of the hand, and aftercare surgery musculoskeletal system. The injured worker presented on 02/10/2015 for a follow-up evaluation. It was noted that the injured worker was status post right knee total replacement on 11/03/2015. The injured worker had ongoing pain. It was also noted that the injured worker utilized a cane for ambulation assistance. Upon examination, there was a right sided antalgic gait with slight effusion and 0 degrees to 89 degrees range of motion. 12 sessions of additional physical therapy was recommended at that time. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Right Knee, 3 times weekly for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Physical medicine treatment following a knee arthroplasty includes 24 visits over 10 weeks. The injured worker has participated in a postoperative course of physical therapy. However, the total amount of sessions completed is unknown. There is no documentation of objective functional improvement. The injured worker continues to utilize a cane for ambulation assistance. The medical necessity for an additional 12 sessions of post-op physical therapy has not been established in this case. Therefore, the request is not medically necessary.