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| Case Number: | CM15-0043101 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 06/30/2014 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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 63 year old female, who sustained an industrial injury on 06/30/2014. She reported an injury to her left knee. The injured worker is currently diagnosed as having periprosthetic distal femoral fracture status post open reduction and internal fixation, total knee arthroplasty, knee sprain, internal derangement of the knee, and right compensatory knee sprain. Treatment to date has included surgeries, physical therapy, and medications. In a progress note dated 01/16/2015, the injured worker presented with complaints of pain and sensitivity seven months after open reduction and internal fixation for periprosthetic distal femoral fracture. The treating physician reported recommending continuing physical therapy twice a week over four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy to right leg two (2) times a week for four (4) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter under Physical medicine.

Decision rationale: The patient presents with right knee and leg pain. The request is for OUTPATIENT ADDITIONAL PHYSICAL THERAPY TO RIGHT LEG TWO (2) TIMES A WEEK FOR (4) WEEKS. The request for authorization is dated 01/29/15. The patient is status-post total knee replacement, 08/26/13. The patient is status-post right femur ORIF, 07/02/14. Range of motion of the right knee is decrease but gradual improvement is noted. She has improved somewhat with therapy. Patient is ambulating with a cane. Patient is working modified duty. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter under Physical medicine treatment states: "ODG Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks." Per progress report dated, 01/16/15, treater's reason for the request is "She is making gains with therapy. She is still limited, but has improved in function." In this case, based on the operative date of 07/02/14, the patient is well beyond the post-operative time period of 10 weeks. Per physical therapy report dated, 01/20/15, it shows the patient attended 26 visits. Per progress report dated, 01/22/15, nurse case manager states, "8 more PT sessions requested by [REDACTED] Although this would total 38 visits, it is medically indicated." The patient is benefiting from the treatment, but she has well exceeded the number of post-surgical sessions recommended by ODG guidelines. Furthermore, the treater does not discuss any flare-ups or reason the patient is unable to transition into a home exercise program. Therefore, the request IS NOT medically necessary.