

Case Number:	CM15-0044055		
Date Assigned:	03/16/2015	Date of Injury:	02/24/2005
Decision Date:	04/17/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/09/2015

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 68-year-old male, who sustained an industrial injury on 2/24/05. He reported pain in the left knee. The injured worker was diagnosed as having left knee degenerative arthritis. Treatment to date has included surgery, physical therapy and pain medications. As of the PR2 dated 3/2/15, the injured worker reported feeling better and only using Tylenol for pain following left knee total arthroplasty. The treating physician noted no effusion in the knee and range of motion was 5-85 degrees. The injured worker missed nine days of physical therapy because of a dental procedure and the physical therapist reported that the injured worker is probably not compliant with home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

22 sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following a total knee arthroplasty, up to 24 supervised physical therapy sessions are recommended to help the worker transition effectively to a home exercise routine for longer-term strengthening and maintenance. In the case of this worker, the worker completed 12 sessions of the post-operative physical therapy following his left total knee arthroplasty. The request was for an additional 22 sessions of physical therapy, which would total 34 total supervised physical therapy sessions, which is excessive and not medically necessary. An additional 12 sessions would be more reasonable and within the guidelines.