

Case Number:	CM15-0051423		
Date Assigned:	03/24/2015	Date of Injury:	06/02/2008
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 57-year-old sustained an industrial injury on 6/2/08. Injury occurred relative to a slip and fall while moving a 50-pound piece of wood. He was diagnosed with left knee osteoarthritis and underwent left total knee arthroplasty on 12/4/14. Post-operative treatment included continuous passive motion and physical therapy. There were 14 combined in-patient and outpatient physical therapy sessions documented from 12/12/14 to 1/29/15. The 1/5/15 physical therapy rehab note documented the need for home health evaluation and further outpatient physical therapy following discharge. There was a significant quadriceps strength impairment and further strengthening would be needed to achieve functional independent mobility. He was able to ambulate up to 100 feet with a front-wheeled walker. Passive range of motion was -1 to 95 degrees. The 1/29/15 physical therapy daily note indicated the injured worker had quadriceps soreness after his last treatment with current grade 7/10 pain. The patient was still having a lot of pain that was limiting his exercise tolerance. Range of motion was continuing to improve with strengthening as tolerated. The 2/9/15 treating physician report indicated that the injured worker was very pleased with results. He had fairly good range of motion and the pain he had before surgery was essentially gone when he walks. He desired to have the right knee replaced. Physical exam documented the wound looked good, and knee range of motion was full in extension with flexion to 115-120 degrees. Authorization was requested for right total knee replacement. Additional physical therapy was requested for 9 sessions. The 2/24/15 utilization review non-certified the request for 9 additional post-op physical therapy

sessions for the left knee as there was no documentation of the total number of post-op therapy visit to date or objective functional response to prior treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 physical therapy sessions for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. This patient has achieved good functional improvement in range of motion and ambulation with post-op physical therapy. There is mild residual range of motion loss with documentation suggesting significant quadriceps impairment. This request is within Post-Surgical Treatment Guidelines and reasonable to address noted strength deficits and functional independent mobility. Therefore, this request is medically necessary.