

Case Number:	CM15-0056073		
Date Assigned:	04/29/2015	Date of Injury:	08/13/2013
Decision Date:	05/26/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old male who sustained an industrial injury on 8/13/13. The diagnoses have included right knee internal derangement and status post right knee total knee replacement. Treatment to date has included medications, surgery, physical therapy, activity modifications and diagnostics. The current medications were not noted. Currently, as per the physician progress note dated 2/11/15, the injured worker presented for appointment after recent right total knee replacement. He has been doing physical therapy and walking one and a half to two miles a day. The pain was rated 3/10 on pain scale and he reports taking pain medication daily. The physical exam revealed gait was improved, orthopedic exam shows the incision to be clean, dry and intact without infection and range of motion to the right knee was 0-100. There was a few previous therapy sessions noted. The physician plan was for continued strengthening and conditioning and continued daily exercise with use of anti-inflammatory, rest and ice for occasional aches and pains. The physician requested treatment included Continue Post-Operative Physical Therapy 3 times a week for 6 weeks to the Right Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Post-Operative Physical Therapy 3 x 6 - Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued postoperative physical therapy three times per week for six weeks to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, injured workers working diagnoses are status post total knee replacement December 2014. According to the utilization review, the injured worker received 19 physical therapy visits. The documentation states the injured worker completed 12 physical therapy sessions (as an outpatient). The guidelines recommend 24 sessions over a 10-week period for a total knee replacement. According to a February 11, 2015 progress note, the injured worker is walking 1 to 2 miles per day. He occasionally walks with a cane and has a VAS pain scale of 3/10. There are no clinical facts in the medical records indicating an additional 18 therapy sessions are needed. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation showing a need for an additional 18 physical therapy sessions and compelling clinical facts in the medical record indicating additional physical therapy is warranted, continued postoperative physical therapy three times per week for six weeks to the right knee is not medically necessary.