

Case Number:	CM15-0056516		
Date Assigned:	04/01/2015	Date of Injury:	06/18/2012
Decision Date:	08/10/2015	UR Denial Date:	02/23/2015
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
 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 72 year old female who sustained an industrial injury on 06/18/12. Initial complaints and diagnoses are not available. Treatments to date include knee replacement, physical therapy, a cane, and a walker. Diagnostic studies are not addressed. Current complaints include right knee discomfort. Current diagnoses include status post right knee replacement. In a progress note dated 02/03/15 the treating provider reports the plan of care as additional physical therapy. The requested treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy (PT) twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p TKA on 12/4/14 and has received at least 12 postoperative PT sessions with current PT request modified for an additional 6 sessions. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not

adequately demonstrated the indication to support the additional physical therapy visits without identified functional improvement. The patient's TKA is now over 8 months whereby, the chronic treatment guidelines for therapy are applicable. The reports are without documented functional limitations or complications. Further consideration of therapy is reasonable with documented functional benefit and it is unclear how many total PT visits have been completed. The Additional post-operative physical therapy (PT) twelve sessions is not medically necessary and appropriate.