

Case Number:	CM15-0058250		
Date Assigned:	04/03/2015	Date of Injury:	02/24/2010
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/26/2015

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 was a 62-year-old male who sustained an industrial injury on 2/24/10. Injury was sustained when he fell off a curb onto his left hip. He sustained a left hip intertrochanteric fracture, which was treated with surgical placement of a cephalomedullary nail. He also underwent right total knee arthroplasty. On 12/11/14, he underwent a left total knee arthroplasty and 18 post-op physical therapy sessions were approved. The 1/14/15 progress report cited grade 3/10 left knee pain. Physical exam documented mild effusion, mild edema, and range of motion 0-120 degrees. The 2/2/16 physical therapy progress report cited residual pain, weakness, swelling, and stiffness. Range of motion -8 to 106 degrees. Left knee strength was 3/5 on the left and 4+/5 on the right. Left hip strength was 2+/5 to 3-/5 and 4/5 to 4-/5 on the right. He was ambulating with a single point cane. The treatment plan recommended additional treatment 1-3 times per week for 4 to 6 weeks. The 3/13/15 utilization review modified the request for physical therapy for the left knee 1-3 days per week for 4-6 weeks to 2 days per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Knee, 1-3 days per week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines, 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. Eighteen initial post-operative physical therapy visits had been certified. There is significant residual weakness and loss of motion documented. The 3/13/15 utilization review recommended partial certification of 6 additional post-op physical therapy visits to 24 visits consistent with the recommended general course of post-surgical treatment. There is no compelling reason submitted to support the medical necessity of care beyond the general post-surgical recommendations at this time. Therefore, this request is not medically necessary.