

Case Number:	CM15-0059338		
Date Assigned:	04/03/2015	Date of Injury:	05/30/1996
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 71 year old male who sustained a work related injury on May 30, 1996, incurring leg injuries. He was diagnosed with bursitis of the hip, lumbosacral spondylosis, and lumbar radiculopathy. Treatment included chiropractic manipulation, medications, heat and ice and activity modification. The injured worker is status post revision total knee arthroplasty on 10/20/14. As of 12/5/14 the injured worker had completed 11 sessions of physical therapy. March 3, 2015 examination revealed knee range of motion of 2 to 115 degrees. The treatment plan that was requested for authorization included six additional visits of physical therapy to help establish a home exercise program. Utilization Review dated 3/23/15 modified to allow for 6 sessions of physical therapy for a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times a week for 3-6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS Post-Surgical Treatment Guidelines recommend up to 24 sessions of post-operative therapy for knee arthroplasty. In this case, the injured worker is status post revision total knee arthroplasty on 10/20/14 and as of 12/5/14 the injured worker had completed 11 sessions of therapy. As of March 2, 2015 the injured worker remained with limited knee range of motion. The request for Physical Therapy 2-3 times a week for 3-6 months in addition to the previously completed physical therapy exceeds the amount of therapy recommended by the MTUS guidelines. Additionally, Utilization Review on 3/23/15 modified to allow 6 sessions of physical therapy to help establish a home exercise program. Six sessions of physical therapy should suffice to educate the injured worker in a home exercise program. The request for Physical Therapy 2-3 times a week for 3-6 months is therefore not medically necessary and appropriate.