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| Case Number: | CM15-0061136 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 09/06/2013 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 03/31/2015 |

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: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on Sep 6, 2013. She reported falling on a sidewalk. The injured worker was diagnosed as having knee joint replacement and arthrofibrosis (stiffness). She underwent a right total knee arthroplasty on October 13, 2014 and manipulation under anesthesia on December 23, 2014. Treatment to date has included a front-wheeled walker, a venous Doppler study, post-operative physical therapy, and medications including pain, muscle relaxant, steroid, and non-steroidal anti-inflammatory. On March 11, 2015, the injured worker complains of constant right knee pain, rated 8/10. She reports physical therapy is helping somewhat. She is able to make a complete revolution on a stationary bike. Because her knee feels like it is going to buckle at times, she uses a walker for ambulating. The physical exam revealed a well-healed incision and decreased range of motion. The treatment plan includes an additional 12 to 16 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 to 3 times a week for 4 to 6 weeks, 12 to 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy 2 to 3 times a week for 4 to 6 weeks, 12 to 16 sessions is not medically necessary.