

Case Number:	CM15-0084913		
Date Assigned:	05/07/2015	Date of Injury:	01/04/2008
Decision Date:	06/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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: Emergency 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 68 year old female, who sustained an industrial injury on 01/04/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left knee osteoarthritis with flare-up, status post left knee arthroscopy, lumbar disc disease with radiculopathy, and right knee severe osteoarthritis. Treatment to date has included outpatient physical therapy and post-operative inpatient physical therapy to the left knee, status post left total knee arthroplasty on 02/24/2015, x-rays of left knee, and above noted procedure. X-ray report from 02/24/2015 was remarkable for post-surgical changes from left knee arthroplasty along with soft tissue swelling and soft tissue gas, but with prosthetic alignment. In a progress note dated 04/08/2015 the treating physician reports that the injured worker is doing well with the left knee, but is having pain in the right knee. The treating physician also notes full range of motion to the left knee with no effusion or joint line tenderness. The treating physician requested additional physical therapy two times a week for four weeks to the left knee, but the documentation provided did not indicate the specific reason for the request of the continuation of therapy. The documentation provided noted two outpatient sessions of physical therapy and post-operative inpatient therapy, but the documentation lacked a total quantity of post-operative physical therapy visits. The physical therapy note included from 03/27/2015 noted that the injured worker has pain with functional mobility, is unable to walk all community distances independently, is unable to squat, and is unable to ascend/descend stairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 4 weeks left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested Additional physical therapy 2 times a week for 4 weeks left knee, is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Knee, Arthritis (Arthropathy, unspecified) (ICD9 716.9) note: "Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks; "Postsurgical physical medicine treatment period: 4 months". The injured worker has pain with functional mobility, is unable to walk all community distances independently, is unable to squat, and is unable to ascend/descend stairs. The treating physician has documented full range of motion to the left knee with no effusion or joint line tenderness. The treating physician has not documented persistent physical exam deficits to establish the medical necessity for additional physical therapy other than two sessions for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met. Additional physical therapy 2 times a week for 4 weeks left knee is not medically necessary.