

Case Number:	CM14-0108020		
Date Assigned:	08/01/2014	Date of Injury:	02/08/2013
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 60 year old female who was injured on 2/8/13. She was diagnosed with left knee end-stage arthritis and various alignment deformities. She was treated with conservative care and eventually surgery (left total knee arthroplasty on 5/28/14). Her surgeon prescribed 12 sessions of physical therapy and at 2 weeks post-surgery (6/13/14), the worker was seen by her surgeon for a follow-up having completed what appeared to be about 6 sessions of physical therapy, but was prescribed an additional 18 sessions over 6 weeks, by her surgeon at the time. The physical therapy reports suggested that she had been improving with her physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s) : 341,346.

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

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following a total knee arthroplasty, 24 physical therapy sessions over 10 weeks with total physical medicine treatment duration of 4 months is recommended. In the case of this worker, her surgeon

prescribed 12 sessions, and after 6 sessions prescribed an additional 18. This would total 30 sessions, which is beyond the recommended number of visits. A request for up to 6 additional physical therapy sessions would be more appropriate. Therefore, the 18 sessions of physical therapy are not medically necessary.