

Case Number:	CM14-0132610		
Date Assigned:	08/22/2014	Date of Injury:	03/30/2002
Decision Date:	12/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 67-year-old male with a 3/30/02 date of injury and revision left total knee arthroplasty 6 months ago. At the time (7/17/14) of the request for authorization for Physical Therapy: 12 sessions (2 x 6 weeks), left knee, there is documentation of subjective (pain 3/10 located diffusely over the left knee, stiffness with the left knee) and objective (left knee range of motion is 5 degrees extension to 100 degrees flexion with stiffness through arc of motion, motor strength is 4+/5) findings, current diagnoses (stable left total knee arthroplasty with postoperative stiffness), and treatment to date (physical therapy). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; 12 Sessions (2 x 6 Weeks), Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 8 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of stable left total knee arthroplasty with postoperative stiffness. However, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy: 12 sessions (2 x 6 weeks), left knee is not medically necessary.