

Case Number:	CM14-0140148		
Date Assigned:	09/08/2014	Date of Injury:	08/25/1998
Decision Date:	10/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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 Tennessee, California, Florida and Maine. 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 injured worker is a 76 year old male who sustained an injury to his left knee on 08/25/98. Mechanism of injury was not documented. The injured worker underwent right total knee replacement dated 05/22/14. There was no imaging study provided for review. Treatment to date has included activity modification and post-operative physical therapy. Progress report dated 07/23/14 reported that the left knee pain improved. He was recommended to continue physical therapy and begin aquatic therapy two times a week times four weeks. Progress note dated 07/24/14 reported that the injured worker continued to do well and was ambulation ambulating without any assistive devices with symptoms improving. Physical examination noted well healed incision; no signs of infection or erythema; motor strength 5/5 in bilateral lower extremities; sensation intact; active range of motion of the affected knee 10-90 degrees and passive range of motion was 5-95 degrees. The injured worker was recommended to continue using ice and physical therapy times eight additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 4wks left knee: Upheld

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

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

Decision rationale: Previous request was denied on the basis that it was not indicated in the clinical information submitted the number of previously received physical therapy visits and functional response to prior therapy visits. However, the most recent clinical documentation notes the injured worker has full muscle strength in the left knee, fully intact sensation, and no complaints of pain. The injured worker has slight restriction with active and passive range of motion in the left knee; however, there was no indication from the clinical information submitted that the injured worker is unable to participate in a home exercise program to continue any functional gains. Per guidelines, it states that with documentation of functional improvement, a subsequent course of therapy can be prescribed. However, as this information was not provided in the clinical record there is no indication that the injured worker is unable to participate in a home exercise program to continue functional gains at this juncture; medical necessity of the request was not established. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support the need to reverse the previous adverse determination. Given this, the request for physical therapy two times a week times four weeks for the left knee is not indicated as medically necessary.