

Case Number:	CM14-0153026		
Date Assigned:	09/23/2014	Date of Injury:	06/08/2000
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 67 year old male with an injury date of 06/08/00. Based on the 08/14/14 progress report provided, the patient complains of right knee pain. The patient had failed non-operative management and opted for elective knee replacement. Per operative report dated 03/15/14, patient had medial uni-compartmental knee arthroplasty to the right knee. He also had a right knee medial and lateral meniscectomy, chondroplasty 09/13/10. Objective findings reveal a well healed wound; however there is still numbness to the right ankle. Flexion per progress report dated 04/03/14 was at 50 degrees, and it increased to 120 degrees per progress report dated 06/06/14. Physical therapy report dated 08/14/14 states patient has antalgic gait at right lower extremity, pain is rated 4-6, he presents with right knee swelling and is taking anti-inflammatory medication. Per utilization review letter dated 09/08/14, patient was approved for 12 post-operative physical therapy visits. Total number of patient visits has not been documented in review of reports. Diagnosis 08/14/14:- right knee degenerative joint disease- right knee osteoarthritis Provider is requesting 18 Additional Post Op Physical Therapy Sessions. The utilization review determination being challenged is dated 09/08/14. The rationale is "there does not appear to be any functional limitations based on physical exam 08/14/14."

IMR ISSUES, DECISIONS AND RATIONALES

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

18 additional post-op physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: The patient has right knee pain. The request is for 18 additional post-op physical therapy sessions. He is status post right knee medial arthroplasty 03/15/14. Flexion per progress report dated 04/03/14 was at 50 degrees, and it increased to 120 degrees per progress report dated 06/06/14. Per utilization review letter dated 09/08/14, patient was approved for 12 post-operative physical therapy visits, however total number of visits have not been documented. MTUS for post-surgical therapy guidelines support 24 sessions of therapy over 10 weeks following arthroplasty. Knee (MTUS post-surgical page 24, 25) Arthritis (Arthropathy, unspecified) Postsurgical physical medicine treatment period: 4 months. In this case, patient is no longer within postsurgical treatment period. For non-post-op therapy recommendations, MTUS pages 98 and 99 state to "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Furthermore, for "Myalgia and myositis, unspecified (██████████)": 9-10 visits over 8 weeks." In this case, the requested 18 additional sessions of therapy exceeds what is allowed per MTUS. The treater does not discuss treatment history and why therapy is needed. Though patient showed increase in flexion per physical examination dated 06/06/14, there is no discussion regarding how the patient responded to therapy in the past and why home exercise is inadequate. The request is not medically necessary.