

Case Number:	CM14-0158260		
Date Assigned:	10/01/2014	Date of Injury:	07/05/2012
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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 Orthopedic Surgery 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:

This is a 79-year-old gentleman injured in a work-related accident on 07/05/12. The medical records provided for review document an injury to the right lower extremity, particularly the knee and the claimant is noted to be status post right total knee arthroplasty on 12/10/13 followed by postoperative manipulation under anesthesia on 03/31/14 followed by revision arthroplasty on 06/25/14. Following the 06/25/14 revision arthroplasty, the medical records document that the claimant had 29 sessions of postoperative physical therapy. A progress report dated 08/04/14 revealed 5-90 degrees range of motion with improved strength and a well-healed incision. The recommendation was made for twelve additional sessions of physical therapy to continue reconditioning and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right knee, 3 times a week for 4 weeks, QTY: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Postsurgical Rehabilitation Guidelines, the request for twelve additional postop physical therapy sessions is not recommended as medically

necessary. The medical records document that the claimant has already exceeded the Postsurgical Rehabilitative Guidelines for physical therapy following an arthroplasty procedure. The Postsurgical Guidelines recommend up to 24 sessions over a ten week period of time. The claimant has already undergone 29 sessions thus far. The additional twelve sessions would far exceed the standard guideline criteria and would not be indicated as the medical records do not explain why the claimant would be an exception to the criteria and why he requires formal physical therapy at this point in his recovery. The request is considered not medically necessary.