

Case Number:	CM14-0167997		
Date Assigned:	10/15/2014	Date of Injury:	08/27/2004
Decision Date:	11/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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:

The claimant is a 61 year old female who sustained a vocational injury as a result of repetitive motion while walking on a floor on 08/27/04. The claimant underwent total knee arthroplasty on 07/30/14. From the medical records provided for review documented 08/21/14, the claimant had completed five physical therapy sessions and eleven more had been authorized for a total of sixteen postoperative therapy sessions following left total knee arthroplasty. The office note dated 09/29/14 documented that the claimant noted significant relief of symptoms from physical therapy but had complaints of numbness and pain in the left knee. The claimant was noted to be utilizing Robaxin, Tramadol, Celebrex and Norco. Physical examination revealed a well healed midline incision over the left knee, palpable tenderness over the medial and lateral joint line, no diminished motion of the patella, no crepitation of the patella bilaterally and patella compression did not cause any discomfort. Range of motion was documented as -4 to 130 degrees compared to zero to 150 degrees of the contralateral right knee. The claimant's diagnoses included L2-3 and L5-S1 spondylolisthesis, L5-S1 spondylolysis, lumbar radiculopathy, left knee degenerative joint disease status post total knee arthroplasty on 07/30/14, left knee medial collateral ligament sprain, right knee contusion, industrial related collapse of the left knee, bowel incontinence with loose stool, worsening unstable gait, thoracic spondylosis, and lumbar scoliosis. The current request is for physical therapy to the left knee three times a week for four weeks for range of motion and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to left knee three times a week for four weeks for range of motion and strengthening.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2014 web-based edition

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Post Surgical Treatment Guidelines state that with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of a general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine. Frequency of visits shall be gradually reduced to discontinue as the patient gains independence and management of symptoms and with achievement of functional goals. In cases where no functional improvement is demonstrated, postsurgical treatment should be discontinued at any time during the postsurgical physical medicine. The Post Surgical Guidelines support 24 visits of physical therapy over 10 weeks for up to four months following total knee arthroplasty. The medical records reveal that the most recent physical therapy note for review was reported at the time of the fifth therapy session out of a total of 16 authorized sessions. There is no documentation to support that the claimant has made good functional progress with the additional 11 authorized formal physical therapy visits. There is also a lack of documentation of abnormal physical examination findings to support the need for continued physical therapy. Prior to considering additional physical therapy at this point, it would be imperative to know the claimant's progress with the previously mentioned 11 visits of physical therapy. Therefore, based on the documentation presented for review and in accordance with California Post Surgical Treatment Guidelines, the request for physical therapy for the left knee times 12 sessions for range of motion and strengthening cannot be considered medically necessary.

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend that transcutaneous electrotherapy treatment is considered as an option for acute post-operative pain within the first 30 days post-surgery. It is also noted that rentals would be preferred over purchase during the 30 day period and prior to considering purchase of the TENS machine, there should be documentation of a one month trial period of the TENS unit with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There is no documentation in the medical records that the claimant has trialed

treatment with a transcutaneous electrotherapy unit and had success with its usage in regards to increase in function, decrease in pain and decrease in medications. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for the purchase of a transcutaneous electrotherapy device cannot be considered medically necessary.