

Case Number:	CM14-0181614		
Date Assigned:	11/06/2014	Date of Injury:	10/09/2012
Decision Date:	12/09/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/31/2014

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 New York. 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:

Patient has a date of injury of October 9, 2012. The patient is a 53-year-old male who injured his knee. The patient has had total knee replacement. He is now 6 months after total knee replacement. He is early had 30 sessions of formal physical therapy. The medical records document that the patient is able play golf. The medical records also document normal range of motion of the knee with full extension and flexion to 120. The patient does have some atrophy. At issue is whether additional physical therapy is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Sessions to Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Rehabilitation Knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: MTUS guidelines do not recommend additional formal physical therapy for knee pain at this time. The patient is early had 30 formal physical therapy visits and I showed functional improvement. The patient is able to golf and perform functional activities at this time. The medical records do not document a reason why the patient can't be transitioned at this time

for home exercise program. Medical necessity for additional formal physical therapy visits has not been established. Patient is already had 30 formal physical therapy visits.