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| Case Number: | CM14-0093497 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 01/14/2013 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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 Occupational Medicine 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 patient is a 66 year old female who developed persistent knee pain subsequent to a fall on 1/14/13. Due to persistent pain and advanced degenerative joint disease she had a total knee arthroplasty on 2/28/14. Post operatively no unusual complications are noted such as infection, hardware misplacement or arthrofibrosis. She was provided 6 sessions of home health physical therapy plus 12 additional sessions of outpatient therapy. Due to continued complaints of pain an additional 12 sessions of therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post Operative Physical Therapy for Left knee Qty : 12.00: 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: The MTUS Postsurgical Guidelines recommend up to 24 sessions of physical therapy over a 10 week post operative period. The patient has finished 18 sessions and an additional 12 sessions are requested without specific justification supporting an extension that exceeds the amount recommended. Guidelines would support some additional physical therapy,

but the extent of the request significantly exceeds Guidelines without clear justification. The request for an additional 12 sessions of physical therapy is not medically necessary.