

Case Number:	CM14-0098551		
Date Assigned:	07/28/2014	Date of Injury:	09/29/2010
Decision Date:	10/08/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 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:

Patient is a 59 year-old female with date of injury 09/29/2010. The medical document associated with the request for authorization, a physical therapy progress report, dated 03/10/2014, lists subjective complaints as pain in the right knee. Objective findings: Range of motion for the right knee measured at 90 degrees flexion 0 degrees extension. Significant post-operative stiffness of the right knee was noted. Diagnosis: 1. Status post right knee total replacement. Patient has attended 39 sessions of post-operative physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x Week x6 Weeks Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Page 24, the MTUS rules states that the post-surgical physical therapy treatment for knee arthroplasty is 24 visits of physical therapy over 10 week period of times. The patient has already attended 39 visits, greater than the number recommended by the MTUS. Therefore, the request is not medically necessary.

