

Case Number:	CM14-0211393		
Date Assigned:	12/24/2014	Date of Injury:	11/18/2011
Decision Date:	02/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/16/2014

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, has a subspecialty in Occupational Medicine, and is licensed to practice in Michigan and Arizona. 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 injured worker is a 50 year old male who sustained repetitive motion injury to his knee on 11/18/2011. He underwent left knee arthroscopy, in 2011 and bilateral total knee arthroplasties in 3/2014. A review of the available medical records reveal that he has had at least 27 sessions of post-operative physical therapy. On 10/3/2014 He was evaluated for 6 months follow up status post bilateral total knee arthroplasties on 3/26/2014, He was reported to be doing well with excellent range of motion and was released back to work with some limitations. It was noted that he had some iliotibial band tightness and stretching exercises were recommended. He would be following up in one year for routine post-operative follow up. He saw his treating physician 11/25/2014, it was noted that he had right knee pain and swelling after a recent session of physical therapy. He also reported doing extensive walking in Europe the previous month and while getting physical therapy after his return he essentially sprained his knee during therapy. Physical examination showed that there was mild to moderate effusion but no signs of infection, extensor mechanism is intact without lag, motor strength was 5/5, sensation intact. X-rays revealed well fixed and aligned total knee arthroplasty. No evidence of loosening, malposition, maltracking or fracture. He was assessed as right total knee arthroplasty muscle strain. The request is for outpatient additional postoperative physical therapy 3 times a week for 4 weeks for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional postoperative physical therapy 3 times a week for 4 weeks for the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Knee/Leg, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The post-surgical treatment guidelines recommend 24 visits over 4 weeks for knee arthroplasty. He has had bilateral total knee arthroplasty and he is technically outside the postoperative period. It was documented that he was doing well with good range of motion and had a setback in September when he did some extensive walking while on holiday in Europe and sprained his knee during therapy following this, His physical exam revealed mild to moderate effusion, however the rest of the exam appeared normal. The MTUS recommends allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The injured worker has had extensive physical therapy and it does not appear that an additional 12 sessions of physical therapy for bilateral knees is medically necessary at this time.