

Case Number:	CM14-0212398		
Date Assigned:	01/02/2015	Date of Injury:	10/08/1993
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 65 year old female with an injury date of 10/08/93. Based on the 08/07/14 progress report provided by treating physician, the patient is 6 weeks status post left Total Knee arthroplasty revision and reimplantation. Patient ambulates with a walker. Physical examination to the left knee on 08/07/14 revealed incision has healed. Range of motion is 5-70 degrees. Patient's medications include Oxycontin and Percocet. Patient is on home exercise program. Per progress report 11/11/14, patient can ambulate with no assistive devices, and continues to go to physical therapy "which is helping her greatly." Provider is requesting the patient continue PT "3 times a week for 8 weeks." Physical Therapy notes from 09/15/14 - 12/08/14 were provided, which showed patient attended 38 visits. Patient is retired. Operative Report 07/02/14
 Diagnosis:subcutaneous hematoma with partial wound dehiscence, status post left total knee arthroplasty revision reimplantation Procedure: left knee subcutaneous hematoma decompression and wound reclosure Diagnosis 08/07/14, 11/11/14, status post left TKA, total knee arthroplasty revision. The utilization review determination being challenged is dated 12/2/14. The rationale is "patient has completed 38 sessions of PT postoperatively. It is documented that the patient's ambulation is smooth without any assistive devices. There is no documentation that the patient has abnormality of gait to support additional PT."Treatment reports were provided from 06/5/14- 11/11/14.

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, 3 times a week for 8 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The patient is status post left Total Knee arthroplasty revision and reimplantation 07/02/14. The request is for additional post-op physical therapy 3 times a week for 8 weeks on left knee. Patient's medications include Oxycontin and Percocet. Patient is on home exercise program. Patient is retired. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Official disability guidelines, knee & leg (acute & chronic) chapter under Physical medicine treatment states: "ODG Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks." Per progress report dated 11/11/14, provider is requesting the patient continue physical therapy "3 times a week for 8 weeks." Per progress report dated 08/07/14, patient ambulated with a walker. Per provider report dated 11/11/14, patient can ambulate with no assistive devices, and continues to go to physical therapy, "which is helping her greatly." Based on the Operative dated of 07/02/14, the patient is well beyond the post-operative time period of 10 weeks. Physical Therapy notes from 09/15/14 - 12/08/14 were provided, showing patient attended 38 visits. Though patient has benefited from treatment, she has well exceeded number of sessions recommended by guidelines. Furthermore, the request for 24 additional sessions would also exceed non-surgical physical therapy recommendation. Therefore, the request is not medically necessary.