

Case Number:	CM14-0213506		
Date Assigned:	12/31/2014	Date of Injury:	10/12/2009
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: New York, New Hampshire, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old LE date of injury of 2009. The left total knee replacement in April 2014. One-week postoperative visit reported no knee pain. On physical exam he had normal knee range of motion. The patient has been described 18 visits of postoperative physical therapy. Physical therapy progress report from September 2014 which was the 19th postoperative visit indicate the patient had no pain with good range of motion. Knee strength was 4 minus out of 5. The patient continued that postoperative physical therapy. At issue is whether additional postoperative physical therapy is medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy additional - left knee and bilateral upper extremities (dates of service October 21, 2014 and October 23, 2014): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: MTUS guidelines for postsurgical total knee postoperative physical therapy indicate 24 visits over 10 weeks. The period of postoperative physical therapy recommended is

4 months after surgery. This patient is now 6 months after left knee surgery. In addition there is no documented significant functional improvement after the patient's physical therapy postoperatively that would warrant additional physical therapy. MTUS guidelines indicate that the medical records must established the need for additional physical therapy. MTUS guidelines do not support additional physical therapy need now that the patient is 6 months postop.