

Case Number:	CM15-0111875		
Date Assigned:	06/18/2015	Date of Injury:	12/31/2011
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female injured worker suffered an industrial injury on 12/31/2011. The diagnoses included total knee replacement, infected knee replacement, left knee arthroplasty resection antibiotic spacer placement and left total knee re-implantation. The diagnostics included left knee magnetic resonance imaging. The injured worker had been treated with medications, surgery and physical therapy. On 5/6/2015, the treating provider reported the knee re-implantation occurred on 4/22/2015 and was requesting additional post-operative physical therapy. The pain was rated 6/10. On exam, the knee had reduced range of motion with moderate effusion. The treatment plan included Physical therapy left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Arthroplasty, knee Page(s): 24.

Decision rationale: The claimant sustained a work injury in December 2011 and continues to be treated for a left knee pain. She underwent a left total knee replacement complicated by infection requiring revision surgery, which was done on 04/22/15. When seen, there was a moderate joint effusion. There was decreased range of motion. Guidelines recommend up to 24 visits over 10 weeks after the surgery that was performed. In this case, the requested number of treatments is well within the guidelines recommendation. The claimant's history of prior therapy given the post-operative complications and recent surgery would not lessen the need for therapy treatments. The request was medically necessary.