

Case Number:	CM15-0113049		
Date Assigned:	06/19/2015	Date of Injury:	05/08/2001
Decision Date:	07/22/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 8, 2001. In a Utilization Review report dated May 15, 2015, the claims administrator denied a request for 12 sessions of physical therapy for the knee. The claims administrator referenced an April 29, 2015 progress note in its determination. The claims administrator stated that the applicant had undergone a right knee total knee replacement revision procedure. The claims administrator contended that the applicant had received 12 prior sessions of physical therapy and had failed to profit from the same. On a May 7, 2015 RFA form, 12 sessions of aggressive physical therapy were sought status post revision total knee arthroplasty. On June 4, 2015, the applicant reported ongoing complaints of knee pain. The applicant still had residual issues with stiffness and weakness. The attending provider stated that the applicant was progressing nicely. 90 degrees of knee range of motion were noted. X-rays demonstrated a stable, indwelling total knee arthroplasty revision. Aggressive physical therapy was sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aggressive Physical Therapy Sessions: right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for 12 additional sessions of physical therapy for the knee was medically necessary, medically appropriate, and indicated here. The request was framed as an extension request for postoperative physical therapy following a revision total knee arthroplasty procedure of January 22, 2015. The applicant was, thus, still within the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total knee arthroplasty surgery of January 22, 2015. Per the claims administrator, the applicant had had 12 sessions of physical therapy through the date of the request. Additional treatment on the order that proposed, thus, was in-line with the 24-session course suggested in the MTUS Postsurgical Treatment Guidelines for the surgery in question. The Postsurgical Treatment Guidelines also note in MTUS 9792.24.3.c2 that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as comorbidities, prior pathology and/or surgery involving the same body part, presence or absence of postoperative complications, etc. Here, the applicant had apparently undergone two procedures, including a revision total knee arthroplasty and reduction of a femur fracture. This represented the applicant's second total knee arthroplasty as a previously performed procedure had failed, the treating provider stated. The applicant, thus, did have fairly significant individual-specific factors which did compel additional treatment on the order that proposed. Therefore, the request was medically necessary.