

Case Number:	CM15-0113716		
Date Assigned:	06/22/2015	Date of Injury:	10/28/1983
Decision Date:	07/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/12/2015

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: California, Indiana, Oregon
 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:

This 62 year old male sustained an industrial injury to bilateral knees on 10/28/83. Previous treatment included left total knee replacement (2004) and right total knee replacement (2011). On 1/23/15, the injured worker underwent right total knee replacement revision. In a progress note dated 5/18/15, the injured worker complained of ongoing bilateral knee pain rated 8/10 on the visual analog scale associated with swelling and tightness. The injured worker reported getting 30-40% relief from physical therapy. The physician noted that the injured worker's sitting, standing and walking tolerance ranged from 15 to 20 minutes. The injured worker had moderate difficulty with activities of daily living. Current diagnoses included status post bilateral total knee replacement and chronic, permanent gait instability. In a physical therapy reevaluation dated 5/29/15, the physical therapy had completed 11/12 postoperative physical therapy sessions. The injured worker complained of constant pain, rated 8/10 on the visual analog scale. The therapist noted that the injured worker continued to exhibit decreased range of motion and strength with poor gait quality. The physical therapist recommended additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 3 times weekly for 6 weeks, quantity: 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) I, Knee & Leg Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. In this case the work is more than 5 months from TKA revision and by documentation on 5/2915 has a significant extension lack. There have been no function benefits demonstrated by the 41 visits of therapy completed thus far. Further physical therapy at this point is not expected to have functional benefits and is therefore not medically necessary.