

Case Number:	CM15-0114345		
Date Assigned:	06/22/2015	Date of Injury:	10/28/1988
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
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: 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 injured worker is a 62-year-old female, who sustained an industrial injury on 10/28/88. The injured worker has complaints of right knee pain. The documentation noted on 5/22/15 that the injured worker had increased right anterior thigh to right lateral hip pain after physical therapy manipulation last week on 5/16/15 with no ecchymosis or swelling. The injured worker ambulates with a cane for stability and to continues to progress slowly with range of motion in her right knee, but notes physical therapy has been greatly beneficial. The diagnoses have included knee joint replacement; pain in joint, pelvic region and thigh; pain in joint, lower leg and osteoarthritis, localized, primary, lower leg. Treatment to date has included in 1988/1989 multiple right knee surgeries and on 3/31/15 right total knee arthroplasty; knee X-ray on 5/22/15 showed no fracture, no dislocation, normal alignment, patella well seated and stable total knee arthroplasty; hip X-ray showed no fracture, no dislocation, no degenerative changes, joint spaces well preserved and normal alignment and physical therapy. The request was for physical therapy for the right knee, twice to thrice weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee, twice to thrice weekly for six weeks: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury and is being treated for right knee pain. She underwent a right total knee replacement on 03/31/15. When seen, she was two months status post surgery. She was having less pain with improved function. Physical examination findings included moderate swelling and she was using a crutch. There was decreased range of motion. The member has a BMI of over 45. Her surgery appears to have been uncomplicated and she is full weight bearing as tolerated. Guidelines address the role of therapy after knee arthroplasty with a postsurgical physical medicine treatment period of 6 months and up to 24 physical therapy visits over 10 weeks. In this case, the claimant has already had post-operative physical therapy. She is at risk for a poor outcome due to her morbid obesity and limited range of motion two months after surgery. However, the number of treatments already provided is unknown. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and would be an essential component of the treatment for this claimant.. Providing excessive skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request cannot be considered as being medically necessary.