

Case Number:	CM15-0114381		
Date Assigned:	06/22/2015	Date of Injury:	01/09/2013
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: Montana, Oregon, Idaho
 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 injured worker is a 65 year old female, who sustained an industrial injury on 1/19/13. She reported a left knee injury. The injured worker was diagnosed as having left knee degenerative joint disease and status post left total knee replacement. Treatment to date has included 20 physical therapy visits, left total knee replacement; oral medications including opioids, home exercise program and activity restrictions. Currently, the injured worker complains of left knee pain, rated 4/10 and described as aching and sharp. It is noted the pain is improved with rest and physical therapy. She may work with modified duties. She is making excellent progress with physical therapy and her range of motion documented in the medical record on 5/28/15 was 2-106 degrees. Physical exam noted restricted range of motion of left knee, slight decreased motor strength and decreased left patellar tendon reflexes. The treatment plan included a request for additional physical therapy 8 visits of left knee and Percocet 5/325mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy 2 x 4 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, page 24, Knee, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The worker is currently making excellent progress with physical therapy. Her range of motion of her left knee is 2-106 degrees. She has been cleared for modified work duties. She has not yet exhausted her approved regimen of 24 visits and physical therapy visits. Therefore, this request for additional physical therapy is not medically necessary.