

Case Number:	CM15-0120601		
Date Assigned:	07/01/2015	Date of Injury:	09/14/2014
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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 56-year-old male patient who sustained an industrial injury on 09/14/2014. The accident was described as while working as a machine repair adjuster he tripped and fell with resulting in right knee injury with failed conservative treatment and subsequent surgical intervention. Of note, the patient had a prior WC injury 14 years earlier for knee injury. On 12/08/2014, the patient underwent a right total knee replacement. A follow up visit dated 02/19/2015 reported discussion regarding pain management and the need for weaning off from pain medications. Current medications are: Norco down to 4 daily from 10-12 daily, Diazepam, and Ambien. The recommendation is for referral to pain management. The patient is with subjective complaint of continued right knee pain, insomnia and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x3 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The claimant sustained a work-related injury in September 2014, underwent a right total knee replacement on 12.08/14, and had 27 post-operative physical therapy treatments. He was seen on 04/21/15. No physical examination was provided for this review. Maximum medical improvement was expected on 05/30/15. An additional 6 physical therapy treatment sessions are being requested. 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. Patients are expected to continue active therapies. 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. In this case, the claimant has already had post-operative physical therapy in excess of that recommended following this procedure. There are no reported physical examination findings of impairment and no specific therapeutic content is being requested. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.