

Case Number:	CM15-0128040		
Date Assigned:	07/14/2015	Date of Injury:	02/02/1999
Decision Date:	08/14/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial injury on 2/2/99. She has reported initial complaints of bilateral knee injury after a fall. The diagnoses have included bilateral knee pain, degenerative joint disease (DJD) of the bilateral knees, knee joint replaced by other means and osteoarthritis localized involving the lower leg. Treatment to date has included rest, ice, injections, medications, acupuncture, physical therapy and other modalities. Currently, as per the physician progress note dated 5/28/15, the injured worker is status post bilateral knee arthroplasties on 5/27/15 due to progressive pain and disability due to degenerative joint disease (DJD) of the knees. The physical exam reveals heart rate 79 and blood pressure 131/66. The bilateral knee incisions are not undressed. It is noted that she will require rehabilitation to optimize her functional recovery in the areas of mobility, self-care, achievement of functional range of motion of her operated knees, and pain control. The diagnostic testing that was performed included x-rays of the knees and duplex ultrasound of the bilateral extremities. The previous therapy sessions were noted in the records. The physician requested treatment included Home health physical therapy 3 times a week for 4 weeks for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy 3 times a week for 4 weeks for the bilateral knees:

Overtuned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg chapter, Physical Medicine.

Decision rationale: This patient is status post bilateral knee arthroplasties on 5/27/15. The current request is for Home health physical therapy 3 times a week for 4 weeks for the bilateral knees. The request for authorization is dated 05/27/15. Treatment to date has included rest, ice, injections, medications, acupuncture, physical therapy and surgical intervention. The patient is currently not working. The patient is within the post-surgical time frame for physical medicine. ODG Knee and Leg chapter, under Physical Medicine treatment has the following regarding post-operative PT: "Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks." Per progress note dated 5/28/15, the patient is status post bilateral knee arthroplasties on 5/27/15. The physical examination revealed obese female, bilateral knee incisions in dressing, and trace edema in the lower extremities. It was noted that the patient will require acute rehabilitation to optimize her functional recovery in the areas of mobility, self-care, achievement of functional range of motion, and pain control. This is an initial request for post-operative physical rehabilitation. In this case, the treating physician has documented that initiation of therapy is required at home following the patient's recent bilateral knee surgery. The current request for home health post op physical therapy sessions is medically necessary and supported by the MTUS post-surgical guidelines.