

Case Number:	CM15-0141182		
Date Assigned:	07/30/2015	Date of Injury:	01/09/2013
Decision Date:	10/06/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Pennsylvania, Ohio, 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 57 year old male who sustained an industrial injury on 01-09-2013. Mechanism of injury was not found in documents presented for review. Diagnoses include status post total left knee replacement and end-stage varus osteoarthopathy of the right knee. Comorbidities include diabetes and gastroesophageal reflux disease. Treatment to date has included diagnostic studies, medications, status post arthroscopic surgery of the left shoulder in January of 2013, status post arthroscopic surgery of the left knee, and status post left knee total arthroplasty on 05-29-2015, and physical therapy. A physician progress note dated 06-10-2015 documents the injured worker is very happy with his early results of the left total knee replacement. He has considerable correction of the varus deformity of the left knee and his range of motion is improving. His right knee reveals end-stage varus osteoarthopathy with significant varus deformity. He is to continue with left knee therapy and a right total knee replacement is recommended. The treatment plan includes Tramadol HCL ER 150mg #30, Tramadol 50mg #60, right total knee replacement, pre-op EKG, Labs (CBC with Diff, UA, Chem Panel (CMP), PT & PTT), History and Physical, post-op home physical therapy 3 times a week for 2 weeks (6 total visits), Norco 10/325mg #60, Anaprox 550mg #60, and Keflex 500mg #28. Treatment requested is for associated surgical service: physical therapy 3 times a week for 6 weeks (18 total visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks (18 total visits): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: This is a request for initial physical therapy status post total knee replacement. MTUS recommends a total of up to 24 post-op PT sessions, with half of these or 12 sessions as initial post-op therapy. The records in this case do not provide a rationale to exceed the treatment guidelines. Therefore this request exceeds the treatment guidelines and is not medically necessary.