

Case Number:	CM15-0173852		
Date Assigned:	09/15/2015	Date of Injury:	01/27/2013
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii
 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 52 year old female, who sustained an industrial injury on 1-27-2013. The medical records indicate that the injured worker is undergoing treatment for status post right total knee arthroscopy (4-2015). According to the progress report dated 8-17-2015, the injured worker complains of pain at the interior and superior poles of the patella, associated with stiffness, occasional locking, swelling, and instability. The level of pain is not rated. The physical examination of the right knee reveals active range of motion at 115 degrees with flexion and 0 degrees with extension. The current medications are Percocet and Ibuprofen. Treatment to date has included medication management, x-rays, MRI studies, 12 post-op physical therapy sessions (good improvement), home exercise program, and surgical intervention. Work status is described as unable to work. The original utilization review (8-24-2015) had non-certified a request for 6 additional post-op physical therapy sessions to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post op physical therapy for right knee (sessions) qty: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Additional post-op physical therapy for right knee (sessions) qty: 6.00. The treating physician report dated 8/17/15 (21B) states, "The patient is over 4 months s/p right knee total arthroplasty. The patient was advised to continue her home exercise program and stay off of work." The report goes on to state, "Physician Goals include, s/p right knee total arthroplasty, work on range of motion Physical Therapist to treat. Once per week for a duration of 6 weeks." The UR report dated 8/24/15 (9A) states, "The patient has been approved for 30 sessions of post-op physical therapy visits". The MTUS-PST guidelines supports post-operative physical medicine (physical therapy and occupational therapy) 24 sessions for knee arthroplasty. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The patient is status post right knee total arthroplasty and is no longer within the postsurgical treatment period of 4 months, as established by the MTUS-PSTG. The medical reports provided show the patient has been authorized for at least 30 post-op physical therapy sessions for the right knee previously. In this case, the patient has received the maximum number of postoperative physical therapy visits recommended by the MTUS-PST guidelines and therefore the current request of an additional 6 visits is not supported by the MTUS Physical Medicine guidelines. Furthermore, the patient has already established a home exercise program and there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.