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| Case Number: | CM15-0025848 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 04/06/2011 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45-year-old male sustained a work related injury on 04/06/2011. According to office visit notes dated 06/10/2014, the injured worker was seen for follow up of his right knee. His condition had gotten worse and he complained of moderate pain and swelling. On 10/27/2014, the injured worker underwent right lateral unicompartament knee arthroplasty and right patellofemoral arthroplasty. Treating physician notes dated 11/11/2014 were also reviewed. On 01/12/2015, Utilization Review modified 12 additional sessions of postoperative physical therapy for the right knee. CA MTUS Postsurgical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of Post-operative Physical Therapy for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing leg or knee swelling. The treating physician notes could not consistently be read with complete confidence. There was no discussion describing the reason additional therapist-directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for twelve additional sessions of physical therapy after surgery for the right knee is not medically necessary.