

Case Number:	CM15-0064160		
Date Assigned:	04/10/2015	Date of Injury:	10/21/2013
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 33 year old male, who sustained an industrial injury on 10/21/2013. He reported a left knee injury. The injured worker is currently diagnosed as having lumbar sprain/strain, lumbosacral radiculopathy, knee tendinitis, ankle fracture, and anterior cruciate ligament sprain/strain. Treatment to date has included left knee MRI, lumbar spine MRI, physical therapy, and medications. In a progress note dated 01/15/2015, the injured worker presented with complaints of lower back pain into the left lower extremity and double sided knee pain and is scheduled to undergo a left knee arthroplasty. The treating physician reported requesting authorization for 12 sessions of postoperative physical therapy for the left knee. According to the application, Independent Medical Review is also requested for a passive motion machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy (24 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 58.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Original review partially certified request for physical therapy from 24 visits to 12 visits. Post-operative physical therapy (24 visits) is not medically necessary.

Passive motion machine (CMP) rental x30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Knee and Leg Procedure Summary Online Version last updated 01/30/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg (Acute & Chronic), Continuous passive motion (CPM).

Decision rationale: According to the Official Disability Guidelines, a continuous passive motion machine may be indicated if the following criteria are met: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. Original reviewer modified request to rental for 21 days rather than 30. Passive motion machine (CMP) rental x30 days is not medically necessary.