MAXIMUS Federal Services

Case Number:	CM15-0070636		
Date Assigned:	04/20/2015	Date of Injury:	04/26/2012
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 56 year old male sustained an industrial injury to the neck, back, bilateral knees and bilateral wrists on 4/26/12. The injured worker underwent left total knee replacement on 10/17/14. In a recent PR-2 dated the injured worker complained of constant right knee pain, rated 8/10 on the visual analog scale, with some swelling and buckling. The physician noted that the injured worker's pain was unchanged. The physician noted that the injured worker was status post left knee arthroplasty and was improving but still had swelling with exercise. Physical exam was remarkable for right knee with joint line tenderness to palpation, positive patellar grind and McMurray test, crepitus with painful range of motion, normal quadriceps and hamstring strength and no evidence of instability and left knee with a well-healing incision, some swelling and some stiffness due to immobilization with intact neurovascular status. Current diagnoses included cervicalgia, lumbago, internal derangement knee with degenerative joint disease status post left total knee arthroplasty and carpal tunnel syndrome. The treatment plan included medications refills and continuing postoperative physical therapy for the left knee twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of continued physical therapy for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following a knee arthroplasty, up to 24 supervised physical therapy sessions over 10 weeks may be used and is recommended with a total duration of physical medicine being up to 4 months. In the case of this worker, he underwent left total knee arthroplasty on 10/17/14 which was about 5 months before this request for additional physical therapy. Records on conflicting, but suggest at least 20 sessions of post-op physical therapy was completed, suggesting no more than 4 remaining sessions would be reasonable, if the full 24 had not been completed. However, the request was for 12 sessions, which is more than recommended. Also, there was no indication that the worker was unable to effectively perform the home exercises, and there was no explanation as to why supervision was required over unsupervised exercises. Therefore, the request for 12 additional sessions of physical therapy for the left knee will be considered not medically necessary. (Note: there likely was a typo in the request as all records suggest a left and not right knee physical therapy request was submitted).