

Case Number:	CM15-0078199		
Date Assigned:	04/29/2015	Date of Injury:	12/12/2008
Decision Date:	06/04/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 69 year old male who sustained an industrial injury on 12/12/08 from a slip and fall (per Utilization Review) involving his right knee. He had been having right knee pain and instability after his right total knee replacement and on 9/9/14 fell when his right knee gave out on him and fractured his femur. He currently (2/18/15) is having less pain and improved motion. He uses a cane for stability. Medications are Lyrica, omeprazole, hydrocodone. Diagnoses include degenerative joint disease of the lumbar spine; advanced osteoarthritis of the right knee, status post failed right total knee replacement (12/9/10), status post revision right total knee arthroplasty. Treatments to date include lumbar epidural steroid injection (12/24/14); physical therapy where he is progressing well; knee brace; medications. In the progress note dated 2/18/15 the treating provider's plan of care includes recommendation to continue with physical therapy to improve motion and strength as muscle atrophy is a concern.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy 3 times a week for 6 weeks 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, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Additional postoperative physical therapy 3 times a week for 6 weeks for the right knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the postsurgical recommended number of visits after this patient's knee surgery is 24 visits. Per documentation, the patient has already exceeded this number of visits and there are no extenuating circumstances that would necessitate 18 more supervised therapy visits. The MTUS recommends a transition to an independent home exercise program. The request for additional physical therapy is not medically necessary.