

Case Number:	CM14-0152527		
Date Assigned:	09/22/2014	Date of Injury:	01/03/2013
Decision Date:	11/05/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old male who reported injury on 01/03/2013. The mechanism of injury was a fall. His diagnoses included status post total left knee replacement on 04/04/2014, talofibular ligament tear, with tenosynovitis, left ankle, and facet syndrome. Prior treatments included physical therapy. The clinical note dated 06/26/2014 noted the injured worker completed 16 sessions of physical therapy. The injured worker reported improvement with less buckling of the knee. The injured worker rated his pain 5/10. The clinical note dated 09/24/2014 noted medial/lateral stress remained positive, the injured worker's gait was antalgic and he favored the left lower extremity. The physical therapy progress note dated 06/26/2014 noted range of motion when assessed on 06/02/2014 showed left knee flexion to 115 degrees/105 degrees and extension to 7 degrees/10 degrees. An assessment of the injured worker's strength on 06/26/2014 noted strength with left knee flexion was 5/5 and strength with extension was 4/5. The injured worker's medication regimen included Norco. The physician was requesting physical therapy 2 x 4 to the left knee. The rationale for the request was deficits in knee extension, causing difficulty with gait and stairs. The Request for Authorization was dated 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 - Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The Request for Physical therapy 2 X 4 - Left Knee is not medically necessary. The injured worker was noted to be status post total left knee replacement on 04/04/2014. The injured worker had functional deficits in range of motion and motor strength in the left knee per the 06/24/2014 physical therapy note. Per the documentation it appears the injured worker has completed 24 sessions of physical therapy as of 07/22/2014. The California MTUS Guidelines recommend 24 visits over 10 weeks after total knee arthroplasty. The guidelines recommend a physical medicine treatment period of 4 months. The injured worker underwent surgical intervention on 04/04/2014 and is now well past the recommended physical medicine treatment period of 4 months. The physical therapy note dated 07/22/2014 noted the injured worker completed 24 sessions of physical therapy. The request for 8 additional sessions would exceed the guideline recommendations. There is no documentation indicating there are exceptional factors present which would demonstrate the injured worker's need to continue therapy outside the guideline recommendations. Therefore the request is not medically necessary.