

Case Number:	CM14-0173195		
Date Assigned:	10/23/2014	Date of Injury:	06/05/2001
Decision Date:	11/25/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/20/2014

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, has a subspecialty in Interventional Spine 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 patient is a 67-year-old female with a date of injury of 06/05/2001. According to progress report 08/07/2014 by [REDACTED], the patient is status post right knee arthroplasty from 05/16/2014 and is "doing well." She is attending postop physical therapy. Physical examination revealed residual dysesthesia of the lateral aspect of the right knee. The patient has 0 degrees lack of full extension to 110 degrees of flexion. There is no clinical evidence of instability noted. Normal quadriceps and hamstring strength is documented. The listed diagnoses per [REDACTED] are: 1. Status post right total knee arthroplasty. 2. Status post right knee arthroscopy with advanced degenerative joint disease. The provider is requesting continuation of postop physical therapy 2 times a week for the next 6 weeks. Utilization review denied the request on 10/16/2014. Treatment reports from 06/04/2014 through 08/27/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week times six (6) weeks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: This patient is status post right knee total knee arthroplasty from May of 2014. On 08/07/2014, the provider noted the patient was doing well and recommended she continue with post op physical therapy 2 times a week for the next 6 weeks. The medical file provided for review does not include physical therapy treatment reports. The MTUS Postsurgical Treatment Guidelines page 24, 25 support 12 visits over 12 weeks for knee meniscectomy. Progress report 05/16/2014 indicates the patient has completed 18 postsurgical physical therapy. The provider states the patient is making progress and has regained good strength and good motion but still has weak muscles recommends additional 12 sessions. In this case, the provider's request exceeds what is recommended by MTUS. In addition, the provider does not discuss why the patient would not be able to address any residual symptoms through a self-directed home exercise program. Therefore, this request is not medically necessary.