

Case Number:	CM14-0182755		
Date Assigned:	11/07/2014	Date of Injury:	10/16/2002
Decision Date:	04/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on October 16, 2002. She reported falling on the job. The injured worker was diagnosed as having right knee degenerative changes, right knee pain status post arthroscopic surgery in 2003 and status post partial medial meniscectomy in 2004, status post right knee arthroplasty. Treatment to date has included right total knee arthroplasty, physical therapy, and medication. Currently, the injured worker complains of right knee discomfort and weakness. The Treating Physician's report dated October 13, 2014, noted the injured worker status post right total knee arthroplasty on June 3, 2014, with some swelling and discomfort, making progress. Range of motion (ROM) of the right knee was noted from 0-120, with no varus or valgus instability. The Physician noted the injured worker needed more physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 6 weeks, right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Medicine Treatment.

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

Decision rationale: This patient presents with right knee pain. The patient is status post right total knee arthroplasty from 06/03/2014. The physician is requesting PHYSICAL THERAPY TWO TIMES A WEEK TIMES SIX WEEKS RIGHT KNEE. The RFA was not made available. The patient's date of injury is from 10/16/2002 and she is temporarily totally disabled. The MTUS post-surgical guidelines page 24 and 25 on arthropathy recommends 24 visits over 10 weeks. The current request is within post-surgical guidelines. The 09/23/2014 physical therapy reports show visit number four. The patient has improved range of motion in the knee but continues to have strength deficits in the quads and hip musculature. She has improved function as indicated by increased community walking but requires additional neuromuscular training to stabilize the knee. The 10/07/2014 physical therapy report show visit number seven. The patient has improved active range of motion in flexion but still lack 4 of terminal extension. There is tenderness to palpation at the hamstrings and Becker's cyst at popliteal fossa. She requires additional range of motion and strength to stabilize the knee. In this case, the patient has received seven physical therapy visits recently and the requested 12 additional sessions are within post-operative guidelines. The request IS medically necessary.