

Case Number:	CM13-0007131		
Date Assigned:	10/11/2013	Date of Injury:	04/03/2010
Decision Date:	05/19/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

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 Orthopedic Surgery, 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 claimant is a 60-year-old who injured the bilateral knees, hands, and low back in a work related accident on April 3, 2010. Medical records provided for review specific to the claimant's left knee included an operative dated April 22, 2013 for left total knee arthroplasty with removal of prior fracture hardware. Notation on the progress report of August 7, 2013 indicated that the claimant was not making progress in postoperative physical therapy and was diagnosed with "severe arthrofibrosis". Physical examination findings demonstrated restricted motion from 20 to 55 degrees with a well healed incision. The recommendation was for revision total knee arthroplasty for excision of scar tissue with possible revision of polyethylene spacer. Prior to this recommendation there was request for twelve additional sessions of physical therapy for the left knee and retrospective use of Endocet from the date of onset of July 16, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE POST-OP PHYSICAL THERAPY FOR THE LEFT KNEE QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines would not support twelve additional sessions of physical therapy. This individual was status post an April 2013 total joint

arthroplasty for which he underwent a significant course of postoperative physical therapy and did not make significant strides or gains in terms of range of motion. At present, there is a current request for revision arthroplasty due to arthrofibrosis and stiffness. There is no documentation within the medical records provided to determine why twelve additional sessions of physical therapy would be indicated at this stage post surgery with lack of documentation of progress to date. The request is not medically necessary and appropriate.

RETROSPECTIVE (DOS: 7/16/13) REQUEST FOR ENDOCET 10/325MG, #90:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Guidelines would have supported the role of Endocet at the time the prescription was requested. During that time the claimant was undergoing aggressive physical therapy treatment following recent total joint arthroplasty. The role of Endocet for pain control as requested for the date July 16, 2013 would be indicated. The request is medically necessary and appropriate