

Case Number:	CM13-0014344		
Date Assigned:	11/06/2013	Date of Injury:	02/18/2008
Decision Date:	01/23/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 employee is a 57-year-old female who suffered an injury to her left knee in February 2008. Records reflect that she has had a number of treatments for her left knee. They have included arthroscopic treatment as well as more recent left total knee arthroplasty in December of 2012. It appears that her postoperative course was complicated by persistent stiffness. More recently, in August of 2013, she underwent manipulation under anesthesia and arthroscopic lysis of adhesions. The request was to determine the medical necessity of postoperative physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

post-operative Left Knee Physiotherapy three (3) times a week for eight (8) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines would typically recommend up to 20 sessions for postoperative care following a procedure of this nature. Traditionally 50% of the recommended number of visits is taken as the initial course of therapy. The original request of 24 sessions clearly exceeds it and as such, the Postsurgical Treatment Guidelines would not support the request.

