

Case Number:	CM13-0018397		
Date Assigned:	09/27/2013	Date of Injury:	12/18/2008
Decision Date:	02/11/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 claimant is a 44-year-old female who was injured in a work related accident on 12/18/08 sustaining an injury to the left knee. Clinical records indicate that in 2012 she underwent a left total knee arthroplasty with a follow up report of June 26, 2013 indicating ongoing subjective complaints of medial left knee pain. Examination showed tenderness to palpation with no other findings noted. Recommendations at that time were for 12 additional sessions of formal physical therapy. There was also a request for a significant course of continued medication in the form of Diclofenac, cyclobenzaprine and hydrocodone. Records also indicate the recent need for a podiatry referral for the claimant's ongoing knee complaints for the role of orthotic placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (2 times per week for 6 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California Post-surgical Treatment Guidelines, continued physical therapy would not be indicated in this case. At present, the claimant's current physical examination fails to demonstrate functional findings, including no assessment of range of

motion. It is documented that the claimant is now well over nine months following time of arthroplasty with clear documentation of prior physical therapy process already performed. The acute need of 12 additional sessions of therapy in this setting would not be indicated. Therefore, the requested physical therapy is not medically necessary or appropriate at this time.

Podiatry consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the role of consultation with a podiatrist would not be indicated. The claimant's diagnosis is that of status post left total knee arthroplasty for which no current foot or ankle diagnosis would necessitate a podiatry referral. The diagnosis of status post left knee arthroplasty also would not necessitate the role of orthotic devices to the feet. Therefore, the requested podiatry consultation is not medically necessary or appropriate.