

Case Number:	CM13-0031396		
Date Assigned:	12/04/2013	Date of Injury:	12/12/2011
Decision Date:	03/20/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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, is Fellowship trained in Reconstructive Surgery and is licensed to practice in Texas and West Virginia. 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 patient is a 56-year-old male who reported an injury on 12/12/2011. The mechanism of injury was not provided for review. However, the patient ultimately developed severe osteoarthritis and underwent a left total knee arthroplasty in May 2013. The patient had postoperative physical therapy and was transitioned into a home exercise program. The patient's most recent clinical examination dated 10/01/2013 revealed that the patient had mild swelling in his left knee and range of motion described as 5 degrees in extension to 105 degrees in flexion. The patient's diagnoses included left knee end stage osteoarthritis status post left total knee arthroplasty. Treatment recommendations included referral to a podiatrist, continued physical therapy, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the left knee (2 times per week for 4 weeks):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Additional post-operative physical therapy for the left knee is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient received an adequate course of post-operative physical therapy and was transitioned into a home exercise program. The California Medical Treatment Utilization Schedule recommends that patients participate in a home exercise program to maintain improvements obtained during skilled physical therapy. Therefore, the requested additional physical therapy 2 times per week for 4 weeks is not medically necessary or appropriate.