

Case Number:	CM13-0043017		
Date Assigned:	12/27/2013	Date of Injury:	08/24/2012
Decision Date:	02/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 patient is a 68-year-old female who sustained an injury to the right knee on 08/24/12. The clinical records available for review, specific to the right knee, indicated that the claimant has failed conservative care and at present has been certified for a total knee arthroplasty procedure. The specific clinical requests in this case are for an "inpatient stay" as well as for "physical therapy" for the right knee. The specific numbers of sessions in regard to formal physical therapy as well as specific number of days for inpatient stay are not documented. No further pertinent information is available for review in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure Summary, Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, physical therapy for the knee in this case would not be indicated. While the claimant is to undergo a right total knee arthroplasty, the number of documented sessions of postop physical

therapy has not been indicated in this request. While physical therapy in and of itself will be essential in the claimant's postoperative course of the care, the lack of documentation of number of sessions requested would fail to necessitate the role of this postoperative request.

Inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure, Hospital length of stay (LOS) guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure, Hospital length of stay (LOS) guidelines

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, an "inpatient stay" would be indicated in this case. However, the lack of documentation of specific number of days would fail to necessitate its role at present. ODG Guideline criteria would only recommend the role of up to three days following total joint replacement procedure. Based on the lack of documentation of the number of days requested for inpatient admission, the general request for inpatient cannot be supported.