MAXIMUS Federal Services

Case Number:	CM13-0044094		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2008
Decision Date:	02/21/2014	UR Denial Date:	10/10/2013
Priority:	Expedited	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation 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:

This 65 year-old female sustained an injury on 11/30/08 while employed by [redacted]. Request under consideration include urgent post-op physical therapy 2xwk x 6wks - left knee. Per report of 10/1/13 from [redacted], the patient complained of left worse knee pain and is relying on oral analgesics as well as anti-inflammatories. The patient is s/p left knee partial knee replacement on 11/5/10 which did not provide pain relief and has developed arthritis in the anterior and lateral compartments. Pain is consistent with progressive arthritic changes in these areas, described as moderate-to-severe localized to anterior and lateral compartment with locking and catching. No physical exam in records submitted. Request for total left knee arthroplasty revision was non-certified on 10/9/13. Current diagnosis is left knee failed uni-compartmental knee replacement. MRI of left knee on 5/21/12 had impression of signal dropout from a prosthesis at medial plateau and medial femoral condyle; otherwise, no other abnormalities noted. Triple Phase Bone Scan on 5/28/13 had impression of localized uptake in lateral left tibial plateau; finding is not typical for arthritic disease; differential diagnosis would include trauma, infection, and avascular necrosis. Request for urgent post-op PT to left knee was non-certified on 10/10/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT post-op physical therapy 2xwk x 6wks - left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This 65 year-old female sustained an injury on 11/30/08 while employed by [redacted]. Request under consideration include urgent post-op physical therapy 2xwk x 6wks - left knee. Per report of 10/1/13 from [redacted], the patient complained of left worse knee pain and is relying on oral analgesics as well as anti-inflammatories. The patient is s/p left knee partial knee replacement on 11/5/10 which did not provide pain relief and has developed arthritis in the anterior and lateral compartments. Pain is consistent with progressive arthritic changes in these areas. Request for total left knee arthroplasty revision was non-certified on 10/9/13. Current diagnosis is left knee failed uni-compartmental knee replacement. MRI of left knee on 5/21/12 showed post-surgical changes; otherwise without any other abnormalities noted. Triple Phase Bone Scan on 5/28/13 had impression of localized uptake in lateral left tibial plateau; finding is not typical for arthritic disease; differential diagnosis would include trauma, infection, and avascular necrosis. Recent request for surgical revision was non-certified and submitted reports have not indicated or documented any recent knee surgery to support for this urgent post-op PT. Last knee surgery was in November 2010. The urgent post-op physical therapy 2xwk x 6wks - left knee is not medically necessary and appropriate