

Case Number:	CM13-0054577		
Date Assigned:	04/25/2014	Date of Injury:	03/15/2012
Decision Date:	06/12/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 57-year-old female who sustained an injury to the right knee on March 15, 2012. The records available for review indicate that, following a course of conservative care, the claimant underwent a right total knee arthroplasty on June 26, 2013. The records document the completion of more than 28 sessions of postoperative physical therapy. An October 25, 2013, physical therapy progress report indicated range of motion from 0 to 114 degrees and 5-/5 strength, vastly improved from initial therapy sessions. The records contain no documentation of postoperative imaging or postoperative physical examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to California MTUS Postsurgical Rehabilitative Guidelines, 12 additional sessions of physical therapy would not be supported in this case. The Postsurgical Guidelines recommend up to 24 sessions of physical therapy over a 10-week period of time

postoperatively. The claimant has completed 28 sessions of physical therapy post-surgically - an amount already in excess of guidelines recommendations. The request for an additional 12 sessions would further exceed guidelines criteria and, therefore, based on the records provided for review would not be supported as medically necessary.