

Case Number:	CM13-0055152		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2012
Decision Date:	04/14/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 patient is a 48-year-old male who reported an injury on 2/5/12 as the result of a twisting motion which caused the patient to injure his left knee. The patient's treatment history included multiple surgical interventions, extensive physical therapy, medication management, and injection therapy. The patient's most recent evaluation documented that the patient had significantly limited range of motion and evidence of instability. Ultimately, a request was made for a total knee replacement. Postsurgical management was also requested to include a continuous flow cryotherapy unit and post- operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 4 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The clinical documentation submitted for review provides evidence that a recommendation was made for a total knee replacement. However, the clinical documentation

does not provide any evidence that that surgical intervention has occurred. Therefore, postsurgical management would also not be supported. The California Medical Treatment Utilization Schedule recommends an initial course of treatment of 12 visits following a total knee replacement. However, as there is no indication that the patient has undergone surgical intervention, postoperative treatment is not supported. As such, the requested initial post-operative physical therapy 2-3 times weekly for 4 weeks for the left knee is not medically necessary or appropriate.