

Case Number:	CM13-0056419		
Date Assigned:	12/30/2013	Date of Injury:	10/08/2012
Decision Date:	03/19/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 43 year-old female who sustained a work-related injury on 10/8/12. A progress report dated 10/4/13 identified subjective complaints of bilateral knee pain. Radiologic studies have shown patellofemoral narrowing of the left knee, and arthroscopy revealed advanced chondromalacia in the patellofemoral compartment. Diagnoses included bilateral osteoarthritis of the knee. Treatment has included knee injections, and left knee arthroscopy for a partial meniscus tear. She declined further knee injections. A left patellofemoral knee replacement was performed on 11/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy: Upheld

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

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

Decision rationale: The MTUS allows 24 visits of physical therapy over 10 weeks post arthroplasty, with a postsurgical physical medicine period of 4 months. The request for physical therapy has no stated frequency or duration and unlimited physical therapy is not recommended. Therefore, there is no medical necessity for physical therapy as requested.

Postoperative continuous passive motion (CPM) for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS does not address continuous passive motion (CPM) after arthroplasty. The Official Disability Guidelines (ODG) recommends CPM for in-hospital use, or for home use for patients at risk for a stiff knee, based on demonstrated compliance and measured improvements. The ODG also states that routine home use of CPM has minimal benefit. In this case, the record does not document the patient to be at risk for postoperative stiffness or fibrosis. Therefore, there is no documentation for the medical necessity of home CPM.