

Case Number:	CM13-0059232		
Date Assigned:	12/30/2013	Date of Injury:	02/03/1998
Decision Date:	04/14/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Illinois. 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 68-year-old male who reported injury on 02/03/1998. The mechanism of injury was noted to be the patient was walking carrying a ladder with a co-worker down a narrow walkway when the patient slipped on a grading landing on his back. The patient was noted to undergo a total knee replacement in 07/2011. The patient had right, AP, lateral and sunrise views of the bilateral knees on 08/29/2012 and 01/21/2013 which showed well positioned implants, the tibial cut appeared to be in neutral, cemented, fixed bearing, posterior stabilized, TKA in good alignment, and patella tracking in the middle of the trochlea. The femoral component of the lateral view appeared relative to the distal femur. There was a small lucency to the medial and posterior tibial tray at the bone cement interface. The patient had a nuclear bone scan 3 phase which revealed mild increased uptake about the right total knee that was not consistent with infection or significant loosening of the right knee. Those results were per the office note dated 02/21/2013. The patient was treated with physical therapy, a revision of a right total knee arthroplasty, and medications. Per the office note of 06/25/2013, the patient had x-rays of the right knee which revealed the patient had a total knee arthroplasty that was in good position with patellar tracking that appeared appropriate and no evidence of loosening. The documentation of 08/22/2013 revealed the patient had been discharged from physical therapy for the knee and was to continue with a structured home exercise program and follow-up with the physician as needed. The documentation of 11/04/2013 revealed the patient had active range of motion of 120 degrees, strength was 5/5, and pulses were intact in the dorsalis pedis and posterior tibial arteries. The patient's knee was stable to varus and valgus stress throughout an arc of motion with no ligamentous instability noted. It was indicated the patient had a 3 view AP lateral and sunrise of the knee. The x-ray of the knee demonstrated a revision total knee arthroplasty in satisfactory alignment with no evidence of loosening. The patient was noted to

have medial hamstring tenderness and pes bursitis. The recommendation was for conservative management with NSAIDs, ice, and rest, physical therapy and a corticosteroid injection. The patient's diagnoses were noted to include postoperative total knee replacement and prosthetic joint implant failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR TWELVE (12) PHYSICAL THERAPY SESSIONS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate that 24 sessions of postoperative therapy for a total knee replacement are appropriate. The clinical documentation submitted for review indicated the patient had been discharged from physical therapy for the knee. There was a lack of documentation of objective functional deficits to support ongoing therapy. There was a lack of documentation indicating the quantity of sessions the patient had participated in. Additionally, as the patient was postoperative and was released to a home exercise program, there was a lack of documentation indicating a necessity for 12 additional physical therapy sessions. Given the above, the request for 12 physical therapy sessions for the right knee is not medically necessary.

REQUEST FOR ONE (1) X-RAY SERIES OF THE KNEE (3 VIEWS: AP, LATERAL AND SUNRISE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California ACOEM Guidelines indicate that radiographs are appropriate when a patient has palpable tenderness over the fibular head or patella, and inability to flex the knee to 90 degrees or inability to walk or weight-bear within a week of trauma. The clinical documentation submitted for review indicated the patient had a revision of a total knee replacement. The radiographic evidence post implant on 06/25/2013 revealed that the patient had a revision of a total knee arthroplasty that appeared to be in good position, patellar tracking appeared appropriate and there was no evidence of loosening. There was lack of documentation indicating a rationale for a repeat x-ray. Given the above and the lack of documented rationale, the request for 1 x-ray series of the knee (3 views: AP, lateral and sunrise) is not medically necessary.

