

Case Number:	CM13-0067942		
Date Assigned:	05/07/2014	Date of Injury:	09/12/2009
Decision Date:	06/12/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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, Texas, Tennessee, Oklahoma. 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 injured worker is a 47-year-old male who sustained an injury to his left knee on 09/12/09 when he tripped and fell. An MRI of the left knee dated 05/25/12 revealed minimal articular cartilage loss in the medial joint compartment. It was noted that the injured worker was very symptomatic and has failed all appropriate conservative treatment. Physical examination noted medial joint and proximal tibia were tender to palpation; ambulation with a limp favoring the left side. It was noted that the patient was overweight, but not morbidly obese. Previous surgical history included contralateral replacement of the right knee. The injured worker was diagnosed with early medial compartment osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF INITIAL POST-OPERATIVE PHYSICAL THERAPY (TWO TIMES PER WEEK FOR SIX WEEKS): 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 previous request was denied on the basis that as the surgery was not recommended, the postoperative physical therapy was not deemed medically necessary. The

CAMTUS recommends up to 24 visits over 10 weeks following a surgical intervention for the diagnosed injury. There was no additional information provided that would support overturning the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for 12 visits of initial postoperative physical therapy two times per week for six weeks has not been established. The request is not medically necessary.