

Case Number:	CM13-0067962		
Date Assigned:	01/03/2014	Date of Injury:	05/01/1994
Decision Date:	06/24/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 injured worker is a 60-year-old who reported an injury on May 1, 1994. The mechanism of injury was not provided for review. The injured worker reportedly sustained injury to the bilateral knees. The injured worker's treatment history included activity modifications, medications, massage therapy, chiropractic therapy, physical therapy, injection therapy, and surgical intervention ultimately resulting in a total knee arthroplasty of the right knee on July 30, 2013. The injured worker was evaluated on October 30, 2013. Physical examination of the right knee documented a well-healed wound without evidence of instability, swelling, or misalignment. Range of motion was described as 0 degrees in extension to 110 degrees in flexion. The injured worker's diagnoses included osteoarthritis of the lower extremity. The injured worker's treatment plan included twelve additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY 2XWK X 6 WKS RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, KNEE COMPLAINTS,

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

Decision rationale: The Post-Surgical Treatment Guidelines recommends up to 24 visits of postoperative physical therapy for the postsurgical care of a total knee replacement. The clinical documentation submitted for review does indicate that the injured worker has progressed from home therapy to outpatient therapy and a recommendation to continue physical therapy for an additional twelve visits was made. However, the total number of previous therapeutic visits was not provided. Therefore, the need for an additional twelve visits is not supported. Additionally, the Post-Surgical Treatment Guidelines recommends that injured workers be transitioned into a home exercise program. There are no barriers to preclude further progress of this injured worker while participating in a home exercise program. The request for post-op physical therapy for the right knee, twice weekly for six weeks, is not medically necessary or appropriate.