

Case Number:	CM13-0069002		
Date Assigned:	05/14/2014	Date of Injury:	06/13/2012
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/20/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 57-year-old female who sustained an injury to the left knee on August 13, 2012. The clinical records provided for review document that failed conservative treatment has included corticosteroid injections, physical therapy and medication management. A total joint arthroplasty had been recommended based on the medial and patellofemoral cartilage change on radiological assessment. There was also indication of viscosupplementation injections performed in late 2013. At the December 9, 2013 follow up visit, once again a left total knee replacement was recommended and subsequently a utilization review process supported the recommendation. This request is for a request of twelve initial sessions of postoperative physical therapy. The requested service is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST-OPERATIVE OUT-PATIENT PHYSICAL THERAPY VISITS: Overturned

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

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

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative Guidelines, the request for 12 physical therapy sessions following joint arthroplasty would be supported. There

is no documentation to indicate that this claimant has had any postoperative physical therapy to date. The initial request for twelve sessions of physical therapy in this individual, whose total joint arthroplasty surgery has been supported, would be appropriate and is medically necessary.