

Case Number:	CM13-0071777		
Date Assigned:	01/08/2014	Date of Injury:	06/15/2011
Decision Date:	05/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Pennsylvania. 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 claimant injured his right knee in a work related slip and fall accident on 06/15/11. The records provided for review included a clinical assessment on 12/11/13 noting continued complaints of right knee pain, worse with activity. Objective findings on examination showed swelling and stiffness with range of motion. The documentation indicated a diagnosis of bilateral tricompartmental degenerative change having now failed conservative care including previous right knee arthroscopy with medial and lateral meniscectomy in 2012, multiple steroid and viscosupplementation injections, physical therapy, medication management, and activity modifications. Plain film radiographs demonstrate severe medial compartment arthrosis. Total joint arthroplasty was recommended. This review is for nine sessions of physical therapy for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY KNEE - BILATERAL THREE (3) TIMES A WEEK FOR NINE (9) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: In general, the California MTUS Postsurgical Rehabilitative Guidelines support the use of physical therapy following arthroplasty. However, in this case, the request is for physical therapy for both knees. The medical records provided for review do not contain any documentation regarding the left knee. There is also no documentation to indicate that the claimant has undergone bilateral total knee arthroplasty or right total knee arthroplasty. There would be no indication for postoperative physical therapy without documentation of a surgical procedure. The absence of documentation of surgery would fail to support the request for physical therapy for the bilateral knees. Therefore, the request for physical therapy knee - bilateral 3 times a week for 9 weeks is not medically necessary and appropriate.