

Case Number:	CM14-0004875		
Date Assigned:	02/05/2014	Date of Injury:	11/05/2009
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 60-year-old male with an 11/05/09 date of injury to his knee after climbing into a truck. He underwent a left knee arthroscopy with patellar debridement, meniscectomy and synovial biopsy on 3/24/10. The patient was seen on 10/31/13 with complaints of left knee pain and swelling with catching and occasional gives way. The patient was unable to walk more than one block or stand for more than 30 minutes. Exam findings revealed 2-120 degrees range of motion with patella-femoral crepitus, medial joint line tenders, positive McMurrays sign, effusion, and pain with motion. Standing plain films revealed severe bone on bone medial compartment osteoarthritis. A partial TKA was recommended as well as postoperative physical therapy on 1/31/13 and the patient did receive a left knee arthroscopy on 2/18/14. Treatment to date: physical therapy, SynVisc injections, knee brace, medications, and steroid injections. A UR decision dated 12/16/13 denied the request given the surgical request for a left knee TKA was not yet authorized, thus post operative physical therapy was not deemed necessary at the time of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWO TIMES A WEEK FOR FOUR WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL REHABILITATION, KNEE, PHYSICAL THERAPY,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Post-Surgical Treatment Guidelines supports 24 physical therapy visits over 10 weeks for a knee replacement. This patient had a knee replacement on 2/18/14 for severe medial compartment osteoarthritis. The patient had a left knee TKA on 2/18/14. The original UR decision denied the request for post operative PT given surgery had not yet been authorized at the time of the decision, however as surgery has taken place, 8 sessions of post operative physical therapy for this kind of surgical procedure is reasonable. Therefore, the request for 8 sessions of post-operative physical therapy is medically necessary.