

Case Number:	CM14-0005714		
Date Assigned:	06/09/2014	Date of Injury:	12/31/2008
Decision Date:	07/25/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/15/2014

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 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:

This 59-year-old male sustained an industrial injury on 12/31/08. The patient was diagnosed with severe bilateral knee arthritis. A right total knee replacement had been completed. The patient was certified for a left total knee arthroplasty. The 11/13/13 orthopedic report documented severe left knee pain with limited ambulatory distances. Left knee exam findings documented severe varus, range of motion 10-115 degrees, medial pseudolaxity grade 2, absent anterior cruciate ligament function, and markedly fixed varus deformity to over 15 degrees. Left knee x-rays documented severe fixed varus arthritis. The treatment plan recommended proceeding with left total knee arthroplasty. Physical therapy was requested for home health physical therapy 3x4, and outpatient physical therapy 3x3 following home therapy. The 12/10/13 utilization review denied the request for 9 physical therapy visits for the left knee post-operatively. Twelve post-operative home health physical therapy visits were certified. A reassessment for response to in home therapy would be required to document the medical necessity of further care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 9 visits for the left knee post-operatively: 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 California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Physical therapy has been certified for 12 initial visits with a home health agency. The medical necessity of care beyond the initial course of therapy is not established pending reassessment on completion of that care. Therefore, this request for physical therapy 9 visits for the left knee post-operatively is not medically necessary.