MAXIMUS Federal Services

| Case Number: | CM14-0006445 | | |
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| Date Assigned: | 01/24/2014 | Date of Injury: | 02/24/2011 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 01/16/2014 |

## 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 54-year-old male composite mechanic sustained an industrial injury on 2/24/11. The injury occurred when he struck his shin on a tow hitch while carrying materials in both arms and tripped. Past surgical history was positive for left knee arthroscopic meniscectomy in October 2012 and right knee arthroscopic meniscectomy on 1/16/13. The 12/3/13 treating physician report cited grade 7/10 right knee pain that wakes him at night. The patient had a cortisone injection to the right knee without relief. Right knee exam documented moderate effusion, medial and lateral joint line tenderness, and crepitus. Range of motion was limited to 0-112 degrees with positive patellofemoral grind and valgus stress tests. Knee flexion/extension strength was 4/5. The diagnosis included lumbar disc syndrome and bilateral knee osteoarthritis. The treatment plan recommended aquatic therapy, continued medications, weight bearing knee x-rays, and MRI studies of both knees and the lumbar spine. Authorization for right total knee replacement was pending. The 12/11/13 right knee MRI conclusion documented complex medial meniscus tears, tricompartmental osteoarthritic change with associated joint effusion, and Baker's cyst. The 12/11/13 right knee x-ray findings documented narrowing of the medial compartment consistent with medial compartment syndrome. There was no other bone, joint or soft tissue abnormalities identified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE PHYSICAL THERAPY 2 TIMES A WEEK TIMES 6 WEEKS FOR THE RIGHT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Postsurgical 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. The request as written exceeds this initial trial. Also, there is no indication that the requested surgery has been found to be medically necessary or is certified. Current weight bearing x-rays demonstrated findings limited to medial compartment syndrome. Therefore, this request is not medically necessary.