MAXIMUS Federal Services

Case Number:	CM14-0107145		
Date Assigned:	09/16/2014	Date of Injury:	03/25/2011
Decision Date:	11/06/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Internal Medicine 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 an injured worker with right knee osteoarthrosis. The date of injury was 03/25/11. The progress report dated 6/20/14 documented that the patient had severe arthritis in the right knee. The patient complained of significant pain. The patient had pain with squatting and the knees gave out. On examination, there was some mild swelling of both knees. There was limited range of motion with flexion to 110 degrees. There was medial and lateral compartment tenderness to both knees. The patient had significant grinding and crepitation throughout arcs of motion of both knees, worse in the right knee than the left knee. There was pain with squatting. The patient could only squat to about 140 degrees and needed to stop because of the pain and the feeling of knee giving out. The patient was diagnosed with severe end stage tri-compartmental arthritis and pain of bilateral knees. X-rays of both knees dated 01/2014 showed severe tri-compartmental arthritis with joint space narrowing and bone spur formation and subchondral sclerosis. Magnetic resonance imaging of the right knee dated 3/10/14 documented prior partial medial meniscectomy, with mild altered signal within the body of the medial meniscus, mild degenerative tearing of the anterior horn of the lateral meniscus, and tri-compartmental osteoarthritis. She has severe arthritis in this right knee. The patient had right knee arthroscopic surgery in 2012. Progress report 4/1/14 documented a request for total knee arthroplasty. The progress report dated 6/20/14 documented that the requested right knee surgery was denied by the worker's compensation insurance. Treatment plan included a request for post-operative home physical therapy 3 times a week for 4 weeks for the right knee and outpatient physical therapy 2 times a week for 6 weeks for the right knee. Utilization review determination date was 7/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy 2x/week x 6 weeks right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for arthropathy, 24 visits of post-surgical physical therapy are recommended. A progress report dated 4/1/14 documented a request for total knee arthroplasty. The progress report dated 6/20/14 documented that the requested right knee surgery was denied by the worker's compensation insurance. Because the knee surgery has been not been certified and scheduled, post-operative physical therapy is not medical necessary. Therefore, the request for Outpatient physical therapy 2x/week x 6 weeks right knee is not medically necessary.

Post operative home physical therapy 3x/week x 4 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation ODG Knee and Leg chapter, updated 6/5/14, Home Health Services

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) Physical Medicine. The Postsurgical Treatment Guidelines state that for arthropathy, 24 visits of postsurgical physical therapy are recommended. A progress report dated 4/1/14 documented a request for total knee arthroplasty. The progress report dated 6/20/14 documented that the requested right knee surgery was denied by the worker's compensation insurance. Because the knee surgery is not medically necessary and scheduled, the post-operative physical therapy is not medical necessary. Therefore, the request for post-operative home physical therapy 3x/week x 4 weeks right knee is considered not medically necessary.