

Case Number:	CM14-0013004		
Date Assigned:	02/24/2014	Date of Injury:	06/28/2003
Decision Date:	08/04/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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 a 46-year-old male who has submitted a claim for osteoarthritis, status post bilateral partial knee replacement (01/06/14) associated with an industrial injury date of June 28, 2003. Medical records from May 2013 - January 2014 were reviewed which showed that the patient had Visco injection done to both knees back in May 2013. The patient has known osteoarthritic changes involving bilateral knees. Patient had bilateral partial knee replacement done on January 6, 2014. Treatment to date has included medications, synovial fluid injection treatment, surgery and activity modification. Utilization review, dated January 17, 2014, denied the request for eight sessions of postoperative physical therapy for the bilateral knees because the patient has had eight therapy sessions authorized, however, there is no indication if this has been started yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF POST OPERATIVE PHYSICAL THERAPY FOR THE BILATERAL KNEES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated in the CA MTUS Postsurgical Treatment Guidelines for Knee, Arthritis (Arthropathy, unspecified) (ICD9 716.9), postoperative physical therapy is recommended for 24 visits over 10 weeks. In this case, patient is status post bilateral partial knee replacement on 01/06/14. Patient has been authorized 8 sessions of postoperative physical therapy; however, there is no indication if this has been started yet. While this patient may require additional postoperative physical therapy, there is no documentation that previously authorized treatment has been initiated. Based on this, the request for additional eight sessions of postoperative physical therapy for the bilateral knees is not medically necessary.