

Case Number:	CM14-0014497		
Date Assigned:	02/28/2014	Date of Injury:	07/01/2012
Decision Date:	07/07/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 injured employee is a 49-year-old female who states that she sustained a work related injury to her right knee on July 1, 2012, when the patient, she was trying to assist, fell on her. Subsequent treatment included a right knee arthroscopy on October 8, 2012, which included a medial and lateral meniscectomy and chondroplasty. Later, a right knee total knee arthroplasty was performed on August 12, 2013. Examination of the right knee on January 3, 2014 noted no knee effusion, tenderness or crepitus. The knee was noted to be stable and range of motion was 0 to 130. There was apparent reported shortness of breath by the injured employee on abdominal examination and a CT was found to be within normal limits. There was a recommendation for Norco, physical therapy, a CT scan of the abdomen, and a pulmonary consult. Postoperatively, the injured employee has participated in 18 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 12 TO 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: Although the California MTUS postsurgical treatment guidelines recommend up to 24 visits of physical therapy after a right knee arthroplasty, the injured

employee appears to be doing quite well after 18 visits. Physical examination notes that there is no effusion to the right knee, that the knee is stable, and there is normal range of motion. It is doubtful that further improvement could be achieved with additional formal physical therapy. This request is not medically necessary.

CT (CAT SCAN) OF ABDOMEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.radiologyinfo.org/en/info.cfm?pg=abdomenct#part_two.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR-SPR PRACTICE GUIDELINE FOR THE PERFORMANCE OF COMPUTED TOMOGRAPHY (CT) OF THE ABDOMEN AND COMPUTED TOMOGRAPHY (CT) OF THE PELVIS.

Decision rationale: An abdominal CT is a common study used to help identify a pathology of abdominal origin. A CT scan of the abdomen can find cysts, abscesses, infection, tumors, an aneurysm, enlarged lymph nodes, foreign objects, bleeding in the belly, diverticulitis, inflammatory bowel disease and appendicitis. There is a normal physical examination of the abdomen and her normal CT of the chest. It is unclear why this study is recommended for the injured employees apparent shortness of breath. Without additional justification supplied, this request for an abdominal CT is not medically necessary.