

Case Number:	CM14-0015964		
Date Assigned:	06/04/2014	Date of Injury:	05/19/2010
Decision Date:	07/15/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 worker is a 51-year-old female who reported an injury on 05/19/2010. The mechanism of injury was reported the injured worker struck her right knee on a ladder. Within the clinical note dated 12/10/2013, the injured worker complains of pain to the right knee and osteoarthritis. She reported moderate to severe knee pain, with knee swelling which worsens throughout the day. Upon the physical exam, the provider noted the range of motion of the right knee was 0 to 110 degrees. The provider noted tenderness to the medial joint line, lateral joint line, and parapatellar region. The injured worker had a positive McMurray's test and a negative Lachman's test. The provider recommended the injured worker to undergo a total knee arthroplasty. The provider requested for postoperative physical therapy two times a week for six weeks for the right knee. However, the rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE 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.

Decision rationale: The request for a postoperative physical therapy two times a week for six weeks for the right knee is not medically necessary. The injured worker complained of right knee pain which she described as moderate to severe pain with swelling of the knee. The California Post-Surgical Treatment Guidelines note that functional exercise after hospital discharge for total knee arthroplasty results in small to moderate short term (but not long term) benefit. In the short term, therapy and intervention with exercise based on functional activities may be more effective after a total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercise and exercises to increase range of motion in the joint. The guidelines note for arthropathy, postsurgical treatment of the knee 24 visits over 10 weeks with a treatment period of 4 months. The guidelines also note an initial course of therapy meets one half of the number of visits specified in the general course of therapy for this specific surgery and postsurgical physical medicine treatment recommendations. There is a lack of documentation indicating the injured worker to have had the recommended total knee arthroplasty. There is a lack of documentation indicating the injured worker's prior course of therapy and the efficacy of the therapy. Therefore, the request for post-operative physical therapy two times a week for six weeks for the right knee is not medically necessary at this time.