

Case Number:	CM14-0019329		
Date Assigned:	04/21/2014	Date of Injury:	07/23/2009
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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, 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 60-year-old gentleman sustained an injury to his right knee on July 23, 2009, with an unknown mechanism of injury. The claimant underwent a right knee arthroscopy, partial medial and lateral meniscectomy, ganglion cyst resection, synovectomy, and chondroplasty on November 18, 2010. There was a subsequent right knee to knee arthroscopy performed on August 3, 2011. On August 29, 2012, there was a right knee aspiration and medial gastroc flap performed, and a right knee antibiotic spacer was placed on April 19, 2013. There was a right knee total knee arthroplasty performed on October 29, 2013. Since the most recent surgery the injured employee has participated in 24 visits of physical therapy with noted improvement. Most recent physical examination by the operative surgeon is dated January 28, 2014. On this date the injured employee stated not to have any complaints and states he is ambulating well without assistive devices. Objective physical examination notes a well-healed surgical incision and the absence of tenderness, warmth, and fluctuance. Range of motion was noted to be from -5 to 115 degrees. A prior request for additional physical therapy was noncertified on February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL (POST-OP) PHYSICAL THERAPY (PT) TIMES 36: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: On the most recent physical examination dated January 28, 2014, the injured employee was found to be doing quite well. There were no complaints of pain and he was ambulating without assistive devices. Additionally, the physical examination also shows no tenderness and good range of motion. The California MTUS guidelines for postsurgical treatment for knee arthroplasty indicate the need for 24 visits of postoperative physical therapy over 10 weeks time. According to the medical records provided the injured employee has completed 24 visits thus far. Considering that excellent progress has been made, additional physical therapy is not medically necessary.