

Case Number:	CM14-0114791		
Date Assigned:	08/04/2014	Date of Injury:	05/25/2001
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 Orthopedic Surgeon and is licensed to practice in Texas and Colorado. 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 68-year-old male who reported an injury on 05/25/2001 after he was hooking an oil hose to a tank. The injured worker reportedly sustained an injury to his bilateral knees. The injured worker failed to respond to conservative treatment and ultimately underwent a total left knee arthroplasty followed by postsurgical physical therapy and a corticosteroid injection. The injured worker was then scheduled for total right knee replacement on 08/07/2014. The injured worker was evaluated on 07/23/2014. It was noted that the injured worker had limited range of motion of the right knee and bilateral shoulders. The injured worker had tenderness to palpation over the medial aspect of the right knee. It was noted that the injured worker was status post left knee surgery. The injured worker's diagnoses included bilateral knee internal derangement, bilateral rotator cuff syndromes, stress micro fractures of the bilateral feet, and reflex sympathetic dystrophy of the right upper extremity and right lower extremity. A request was made for additional postoperative physical therapy for the left knee and initial postoperative physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy x 12 left knee: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has participated in 8 visits of physical therapy status post total left knee replacement. The California Medical Treatment Utilization Schedule recommends up to 24 visits of physical therapy in the postsurgical management of a knee replacement. However, the California Medical Treatment Utilization Schedule recommends that additional physical therapy be based on documented functional benefit. The clinical documentation submitted for review does not provide any quantifiable objective measures to support that the injured worker has had a positive response to the already completed postoperative physical therapy for the left knee. In the absence of this information, additional physical therapy would not be indicated in this clinical situation. As such, the requested post-operative physical therapy x 12 left knee is not medically necessary or appropriate.

Post-operative physical therapy x 12 right knee: Overturned

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends up to 24 visits of postoperative physical therapy for a knee replacement. The clinical documentation submitted for review does indicate that the injured worker has been authorized for knee replacement surgery of the right knee. Therefore, postsurgical physical therapy would be indicated. The California Medical Treatment Utilization Schedule recommends an initial course of treatment of half the number of recommended visits. This would be equal to 12 physical therapy visits. Therefore, the requested post-operative physical therapy x 12 right knee is medically necessary and appropriate.