

Case Number:	CM14-0152050		
Date Assigned:	09/22/2014	Date of Injury:	02/01/2005
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 Surgery 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:

This is a 63 year old female claimant with an industrial injury dated 02/01/05. The patient is status post a knee joint replacement, and a total right knee arthroplasty as of 04/21/14. Conservative treatments have included physical therapy, exercise, medication, and steroid injections. Exam note 08/13/14 states the patient returns with right knee pain. She reports that it worsens at night; however, the physical therapy is aiding in the recovery process. The patient ices the knee but continues to have problems with balance. She rates the pain a 3-6/10. Range of motion is listed as 0'-110', and she lacks full flexion. The patient has completed 24 post-op therapy sessions. Treatment includes additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post-OP PT to the right knee, 3x4 weeks QTY: 12.00: 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: According to the CA MTUS/Post Surgical Treatment Guidelines, Arthritis, arthroplasty knee, page 24, 24 visits of therapy are recommended after arthroplasty over a 10 week period. In this case, the exam note from 8/13/14 does not demonstrate any significant

objective findings to warrant an exception to warrant additional visits of therapy. The claimant has completed 24 visits to date. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonably be transitioned to a self-directed home program. Therefore, the request is not medically necessary.