

Case Number:	CM14-0157947		
Date Assigned:	10/01/2014	Date of Injury:	07/05/2012
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 New York. 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 patient has right knee pain. The patient underwent right total knee replacement in April 2014. The patient continues to have right knee pain. Physical examination shows tenderness over the medial lateral femoral condyles and patella. Knee range of motion is 15-80. Patient continues to be symptomatic. The patient has severe range of motion loss after total knee surgery. The patient has been indicated for manipulation under anesthesia. At issue is whether post knee manipulation procedure physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy (right knee): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter, ODG knee pain chapter

Decision rationale: Postsurgical MTUS guidelines note that postsurgical treatment for knee manipulation under anesthesia is 20 visits over 4 months. Therefore, with the approval of knee manipulation under anesthesia, post procedure physical therapy is medically necessary. Physical therapy for 20 visits over 4 months is appropriate as per guidelines.

