

Case Number:	CM14-0167327		
Date Assigned:	10/14/2014	Date of Injury:	02/20/2013
Decision Date:	11/19/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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:

56-year-old male claimant with an industrial injury dated 02/20/13. The patient is status post a left total knee replacement dated 03/07/14. The patient had undergone 24 physical therapy sessions, went through manipulation under anesthesia in July 2014, and an additional 18 physical therapy sessions along with using a CPM (continuous passive motion) machine and dynasplint at home, but continues to have pain. Current medications include Norco for pain relief. Exam note 08/27/14 states the patient returns with knee pain. The patient reports having constant pain and stiffness. The patient continues to use the dynasplint and attend physical therapy. Upon physical exam the patient had 117' of flexion. There was evidence of swelling surrounding the knee along with stiffness. The wounds appear to be well-healed and there are no signs of outward infection. Diagnosis is noted as left knee degenerative joint disease, and let knee arthrofibrosis. Treatment includes a continuation of medication, the use of the dynasplint, and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional physical therapy sessions: 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: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. In this case the exam note from 8/27/14 demonstrates 117 degrees of flexion and the patient has exceeded the maximum number of visits allowed per guidelines. Therefore the determination is for non-certification.