

Case Number:	CM14-0175619		
Date Assigned:	10/28/2014	Date of Injury:	11/19/2010
Decision Date:	12/26/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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:

60-year-old injured worker with a reported industrial injury in November 19, 2010. Review of records demonstrates the patient has been treated prior with medications a walker and a CPM machine. The claimant is status post a right knee arthroscopic partial medial meniscectomy on March 15, 2012 followed by right total knee replacement on December 9, 2013. The patient is noted to have undergone postoperative therapy for the knee but continues to have limited range of motion with impairment. Exam note from September 17, 2014 demonstrates the patient is status post right knee manipulation under anesthesia. The patient reports continued pain in the right knee. Incision was noted to be clean and well-healed with bilateral knee and thigh tenderness. Range of motion was noted to be from 0-125.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x a week for 4 weeks, for the right knee and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the CA MTUS/Post-Surgical Treatment Guidelines, page 24 and 25, a total of 20 visits are authorized following manipulation of the knee. In this case the

exam note from 9/17/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the determination is for non-certification.