

Case Number:	CM14-0175868		
Date Assigned:	10/28/2014	Date of Injury:	07/05/2012
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
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 Surgeon, has a subspecialty in Pediatric Orthopedics 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 79-year-old male who reported an injury on 07/05/2012 due to an unspecified cause of injury. The injured worker complained of constant slight to moderate pain to the right knee. The injured worker had a diagnosis of malalignment of the right patella, contracture of the right lower leg, and other mechanical complications of prosthetic joint, and to the right leg. The objective findings dated 09/24/2014 of the right knee revealed a clean, dry, and intact incision was stable medial laterally and anterior posteriorly. Range of motion was negative 3 to 100 degrees. Neurovascular examination was intact. Prior surgeries included a right total knee arthroplasty dated 12/10/2013, a right knee contracture release, and total knee arthroplasty revision on 06/25/2014, and a right total hip arthroplasty dated 06/05/2013. The treatment plan included additional physical therapy for the right knee. The Request for Authorization dated 10/28/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 times a week for 3 weeks for the right 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 request for postoperative physical therapy 2 times a week for 3 weeks for the right knee is not medically necessary. The California MTUS indicates that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomies. Functional exercise after hospital discharge for a total knee arthroplasty results in a small to moderate short term, but no long term, benefit. In the short term, therapy interventions with exercise based on functional activities may be more effective after a total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises, and exercise to increase the range of motion in the joint. The guidelines indicate postsurgical treatment for an arthroplasty need 24 visits over 10 weeks, within a treatment period of 4 months. The clinical notes indicated that the injured worker had an arthroplasty on 06/2014, and has received physical therapy; however, there were no physical therapy notes provided for review. The request is for additional physical therapy; however, there was no indication of how many visits that the injured worker has already received. The request is for an additional 6 visits. The objective findings did not indicate any special circumstances to warrant additional therapy. As such, the request is not medically necessary.