

Case Number:	CM14-0021018		
Date Assigned:	05/07/2014	Date of Injury:	09/18/2012
Decision Date:	07/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The injured worker is a 51 year old male with reported industrial injury 9/18/12. Exam note 12/10/13 demonstrates reported failure of conservative treatment after knee arthroscopy, including cortisone injection. Report notes of painful and swollen knee on examination. Exam note 8/23/13 demonstrates one week of pain relief following steroid injection into knee. A prior denial of requested total knee replacement on 1/8/14 was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY RIGHT KNEE 2 X6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As the requested total knee replacement has been previously denied as not medically necessary on 1/8/14, the determination is for not medically necessary of the requested postoperative physical therapy.