

Case Number:	CM14-0021381		
Date Assigned:	02/28/2014	Date of Injury:	09/30/2011
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 46 year old male with industrial injury 9/30/11. He is status post arthroscopy of the knee 2012. Status post partial medial compartment replacement of the knee performed on 6/12/13. Exam note 1/6/14 demonstrates claimant with intermittent moderate right knee pain with swelling. Motion reported to be restricted secondary to pain and discomfort. Review of records demonstrates claimant had 18 sessions certified 8/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES WEEKLY FOR 4 WEEKS FOR THE RIGHT KNEE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, the recommendation for patients post arthroplasty is as follows, Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks *Postsurgical physical medicine treatment period: 4 months In

this case the claimant had a joint arthroplasty in June 2003 which is beyond the 4 months allotted for postoperative physical therapy. Therefore the determination is not medically necessary.