

Case Number:	CM14-0032218		
Date Assigned:	06/20/2014	Date of Injury:	08/05/2011
Decision Date:	09/12/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 59-year-old gentleman was reportedly injured on August 5, 2011. The mechanism of injury was not listed in the records reviewed. Previous treatment included a left knee total knee replacement performed in January 2012. The most recent progress note, dated January 23, 2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated a mild left knee effusion and range of motion from 0 to 110 . There was a positive anterior drawer test. Some quadriceps atrophy was noted in the left thigh diagnostic imaging studies of the left knee indicated a well positioned left knee total knee arthroplasty. A request was made for physical therapy for the left knee and was not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left knee 2-3 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, 24 visits of postsurgical treatment are indicated for a knee arthroplasty. Considering that the injured employee had his knee replacement surgery performed in January 2012, he almost certainly has

participated in at least 24 visits since that time and should have transitioned to a home exercise program. Without additional justification as to why the injured employee cannot continue home exercise, this request for physical therapy for the left knee 2 to 3 times per week for six weeks is not medically necessary.