

Case Number:	CM14-0033550		
Date Assigned:	06/20/2014	Date of Injury:	12/14/2009
Decision Date:	07/31/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 Pennsylvania. 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 claimant is a 58-year-old female who sustained an injury due to repetitive work activities. The date of injury is noted to be December 14, 2009. Specific to the claimant's right knee, a January 20, 2014, progress report describes a painful right knee with physical examination showing range of motion from 2 to 105 degrees, positive McMurray's testing, and 4/5 quadriceps strength. The recommendation for surgery was made. The follow-up report dated March 24, 2014, documented continued complaints of right knee pain and noted that a surgical request for joint arthroplasty was denied in the utilization review process. The claimant's working diagnosis was degenerative joint disease to the right knee with medial meniscal tearing. Plain film radiographs, an MRI scan and continued work restrictions were recommended. This request is for postoperative physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the right knee: 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.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, the request for physical therapy would not be indicated. The records available for review do not indicate that the claimant underwent surgery and, in fact, state that the request for total joint arthroplasty was denied on utilization review. Absent recent surgery or documentation that the surgery is supported on utilization review and is being scheduled, the need for post-operative physical therapy is not medically necessary.