

Case Number:	CM14-0036883		
Date Assigned:	08/29/2014	Date of Injury:	01/16/2008
Decision Date:	09/26/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 claimant is a 50-year-old female who was injured in an automobile accident on 01/16/08. The medical records provided for review documented injuries to the chest, neck, low back, and bilateral knees. It was also documented that the claimant underwent lumbar microdiscectomy and a right knee arthroscopy, both procedures in 2009. The claimant is currently diagnosed with advanced degenerative arthritis of the bilateral knees and, according to the progress report of 03/14/14, a bicompartamental patellofemoral and medial arthroplasty was recommended with the assistance of a surgical assistant. This review is for the request of nine sessions of physical therapy on a home care basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative home physical therapy 3 times per week for 3 weeks for the right knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services; Page(s): 51, Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, nine sessions of physical therapy would not be supported. Clinical records for review currently fail to demonstrate need for operative process. Without documentation of an operative process or discussion regarding postoperative care to date, there would be no direct clinical correlation for nine sessions of physical therapy in this individual's course of care for the right knee. Therefore, the specific request in this case would not be supported. The request is not medically necessary and appropriate