

Case Number:	CM14-0036887		
Date Assigned:	06/25/2014	Date of Injury:	01/16/2008
Decision Date:	08/05/2014	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 injured worker is a 50-year-old female who reported an injury on 01/16/2008. The mechanism of injury was not provided. Current diagnoses include degenerative arthritis of the knee, failed back surgery syndrome, lumbar spondylosis, cervical spondylosis with radiculopathy, and rotator cuff disorder. The injured worker was evaluated on 03/06/2014 with complaints of persistent knee pain. Physical examination revealed a 5 degree extension lag, limited flexion arc at 10 degrees, crepitus, tenderness, and significant quadriceps atrophy. Diagnostic studies were reviewed at that time. Treatment recommendations included a bicompartamental patellofemoral and medial arthroplasty with a surgical assistant, preoperative clearance, postoperative physical therapy, and durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy x 18 sessions, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 AND 24-25.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a knee arthroplasty includes 24 visits over 10 weeks. The current request for 18 sessions of postoperative physical therapy exceeds guideline recommendations. There was also no indication that this injured worker's surgical procedure has been authorized. Based on the clinical information received, the request is non-certified.