

Case Number:	CM14-0053855		
Date Assigned:	07/07/2014	Date of Injury:	02/07/2007
Decision Date:	08/13/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/22/2014

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:

56 year old claimant with industrial injury reported on 2/7/07. Claimant is status post revision right total knee arthroplasty on 1/17/14. Exam note on 5/21/14 demonstrates right knee pain. Exam demonstrates knee range of motion from 0-110 degrees. No evidence of collateral ligamentous laxity or tenderness. Cited records demonstrate a total of 18 visits of physical therapy have been performed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy Three Times A Week For Two Weeks Right Knee:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 214 Physical Therapy.

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

Decision rationale: According to the CA MTUS/Post-Surgical Treatment Guidelines, Arthritis (Arthroplasty), page 24, 24 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12 week period. In this case the exam note from 5/21/14 does not

demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. Therefore the determination is not medically necessary.