

Case Number:	CM14-0056607		
Date Assigned:	07/09/2014	Date of Injury:	08/02/2011
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 59-year-old gentleman who injured his left knee on 08/02/11. The records provided for review document that the claimant is status post knee arthroscopy, debridement and partial medial meniscectomy on 01/20/12. Postoperatively, following a course of conservative care that failed for an underlying diagnosis of degenerative arthritis, a 09/18/13 left total knee arthroplasty took place. The office note of the 04/08/14 follow up visit noted continued complaints of pain with examination showing crepitation, 0 to 95 degrees range of motion and documentation of a significant course of physical therapy since the September 2013 surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical therapy visits for the left knee, 2 visits per week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, six additional sessions of physical therapy would not be indicated. The post-surgical guidelines for physical therapy following total joint arthroplasty recommend up to 24 sessions over a ten week period of time with a postsurgical physical medicine treatment period of four months. Presently, the claimant is greater than four months following the time of surgery and has exceeded the 24

sessions of therapy. Given the claimant's current physical findings and timeframe from surgical process, the request for six additional sessions of therapy would not be medically necessary.