MAXIMUS Federal Services

Case Number:	CM14-0060529		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2013
Decision Date:	08/01/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopaedic 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:

This 60-year-old female sustained an industrial injury on 2/8/13. The mechanism of injury was described as twisting. The 3/28/14 treating physician report cited left anterior and medial knee pain and dysfunction in weight bearing. The radiographs in November 2013 documented medial compartment end-stage arthritis, nearly bone on bone, with associated marginal hypertrophic change with medial tibial plateau remodeling, and anatomic varus. The left knee exam documented antalgic gait and leg length discrepancy due to left knee flexion contracture. There was a rigid endpoint with 15-degree flexion contracture. Alignment was anatomic varus. There was medial soft tissue contracture, palpable ridging on the medial joint line, no gross patellar instability, intermittent crepitation, and malalignment of the lateral ligaments. The request for 18 post-operative physical therapy (PT) sessions was modified to 12 sessions, consistent with post-surgical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 x-ray of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography (x-rays).

Decision rationale: The California MTUS ACOEM guidelines do not recommend routine radiographs for most knee complaints or injuries. The ODG recommend an initial x-ray study for patients with history of a twisting injury.The guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of repeat radiographs for this patient with documented osteoarthritis and certification of total knee replacement. Therefore, this request for one x-ray of the left knee is not medically necessary.

18 post-operative physical therapy sessions: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical physical medicine period. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request for 28 post-operative physical therapy sessions is not medically necessary.