

Case Number:	CM14-0080761		
Date Assigned:	07/18/2014	Date of Injury:	08/19/2011
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, 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 70 year-old patient sustained an injury on 8/19/11 while employed by [REDACTED]. Request(s) under consideration include Post-Operative Physical Therapy 3 times weekly for 4 weeks for right knee between 4/24/14 and 7/24/14. The patient is s/p knee arthroscopy in 2011. Orthopedic report of 1/21/13 noted patient with knee complaints; had recent arterial bypass surgery in lower extremity and was recommended a total knee replacement. Orthopedist noted he did not perform that type of surgery and recommended referral. The patient was recommended for home exercises and to stop anti-inflammatory as she is likely taking blood thinners. Diagnoses included Knee meniscal tear; knee sprain/strain; lumbar strain/sprain. AME report of 1/23/14 deemed the patient to be P&S will need periodic access for modalities of care with PT not more than 14 visits per year for all exacerbations with possible surgery in the future. Report of 3/19/14 from another orthopedic provider noted the patient has received conservative care to include medication, physical therapy, activity modification, cortisone injection, and prior arthroscopic debridement and was recommended to undergo TKR. The patient wish to proceed and right TKA with post-op PT, CPM, Ice machine, and 3-day hospital stay were requested. X-ray of right knee dated 4/9/14 showed mild osteopenia most likely secondary to post-menopausal osteoporosis; mild generative arthrosis (medial/lateral femorotibial; patellofemoral joint); degenerative enthesophyte of superior patella; no other significant abnormalities. Physical therapy report of 3/25/14 noted patient with complaints of back "killing me" and continue to wait for right knee surgery. The request(s) for Post-Operative Physical Therapy 3 times weekly for 4 weeks for right knee between 4/24/14 and 7/24/14 was non-certified on 5/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 3 times weekly for 4 weeks for right knee between 4/24/14 and 7/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee, Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks *Postsurgical physical medicine treatment period: 4 months Page(s): 14-15.

Decision rationale: It appears the orthopedic peer reviewer non-certified the knee surgery request as not medically necessary. There is no updated information or report regarding knee surgical authorization; therefore, the current post-operative physical therapy 3 times weekly for 4 weeks for right knee between 4/24/14 and 7/24/14 is not medically necessary and appropriate.