

Case Number:	CM14-0084024		
Date Assigned:	07/21/2014	Date of Injury:	02/12/2006
Decision Date:	08/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with a date of injury of 02/12/2006. The listed diagnoses per the treating physician are right knee meniscus tear and right knee osteoarthritis. According to progress report 05/28/2014, the patient continues with right knee pain and end-stage osteoarthritis which is debilitating daily and interfering with daily activities. Treater states the patient has an injury of 2006, which ultimately led to significant cartilage loss in the knee and substantial degeneration over the past 8 years. The patient's arthritic condition has been managed in the past several years with conservative care including antiinflammatories, physical therapy, injections, and brace. Examination revealed positive effusion, McMurray's test, and Apley's test. X-rays of the knee revealed significant right knee osteoarthritis with medial compartment. The treater states he recommends right knee arthroscopic debridement/synovectomy versus a total knee arthroplasty (TKA). This is a request for post-operative physical therapy for the right knee. Utilization review denied the request on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy (PT), right (RT) knee.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient presents with right knee pain and end-stage osteoarthritis, which is debilitating daily and interfering with daily activities. The treater recommended right knee surgery. This is a request for post-operative physical therapy for the right knee. For post-operative physical medicine, the MTUS page 24, 25 recommends for arthroplasty of the knee, 24 visits over 10 weeks. Request for authorization from 06/05/2014 and progress reports do not specify the duration being requested. Furthermore, there is no indication that the surgery has been authorized. Post-operative physical therapy is not indicated at this time. Recommendation is not medically necessary.