

Case Number:	CM14-0015432		
Date Assigned:	04/11/2014	Date of Injury:	09/14/1992
Decision Date:	05/20/2015	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 71 year old female who sustained an industrial injury on 9/14/1992. Her diagnoses, and/or impressions, include: right knee - bone-on-bone with moderate patellofemoral findings; and right knee degenerative disc disease; and right knee osteoarthritis. No current magnetic resonance imaging studies are noted. Her treatments have included total left knee arthroplasty; injection therapy; and medication management. The progress notes of 12/11/2013, note the injured worker presenting for re-evaluation of her right knee that continues with significant pain. She was noted to have an antalgic gait, trouble getting out of a chair and with patellofemoral pain on compression of motion. The physician's requests for treatments included a pre-surgical Ketorolac or Cortisone injection into the right knee, followed by a 3 day inpatient stay for right total knee arthroplasty (the following March or April), with assistance, pre-operative clearance, an electrocardiogram and chest x-ray, and post-operative physical therapy. Utilization review noncertified the surgery on 1/9/2014 and subsequently certified the surgery on April 16, 2014. The disputed requests pertain to a corticosteroid injection requested in January 2014 and post-surgical physical therapy #24 visits requested at the time of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy for 20-24 sessions #24: Upheld

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

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

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The initial course of therapy is one half of these 24 visits which is 12. Then, with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 20-24 visits which exceeds the guidelines recommendations and as such, the request is not medically necessary.

Cortisone Injection to the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: California MTUS guidelines in table 13-6 on page 346 indicate repeated aspirations or corticosteroid injections are optional for evaluating and managing knee complaints. The injured worker had clinical and imaging evidence of advanced osteoarthritis of the right knee. As such, the request for a corticosteroid injection was appropriate and medically necessary.