

Case Number:	CM14-0163714		
Date Assigned:	10/08/2014	Date of Injury:	10/24/2013
Decision Date:	01/28/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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 Orthopedic Surgery and is licensed to practice in Massachusetts. 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 injured worker is a 53-year-old male who reported an injury on 10/24/2013. The mechanism of injury was not provided. His diagnosis was noted as right knee medial meniscus tear and thoracolumbar sprain/strain with low back injury radiculopathy. His past treatment was noted to include medication, physical therapy, a knee brace, and work modification. His diagnostic studies were noted to include an unofficial MRI of the abdomen performed on 08/14/2014, which was noted to reveal a nonspecific bowel gas pattern thought to represent ileus and right hip osteoarthritis and loss of articular cartilage. His surgical history was noted as right knee with tricompartmental degenerative disease surgery in 04/2014. During the assessment on 09/15/2014, the injured worker was seen for a followup to his right knee surgery and thoracolumbar sprain/strain. The physical examination of the right knee revealed decreased range of motion and flexion to 120 degrees, extension of 0 degrees with joint pain and discomfort. His medications were noted to include Nalfon 400 mg twice daily, hydrocodone 2.5 mg 1 to 2 daily every 12 hours as needed for increased pain, and omeprazole every day. The treatment plan was to continue with current medication. The rationale for the request for postoperative physical therapy of the right knee was not provided. Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy of the Right 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): 24-25.

Decision rationale: The request for Post-Operative Physical Therapy of the Right Knee is not medically necessary. The California MTUS Guidelines indicate that the Postsurgical treatment for an arthroplasty of the knee is 24 visits over 10 weeks and that the initial visits equal half the number of the recommended quantity. The injured worker's surgery to the right knee was noted to have taken place in 04/2014. There was no documentation of the number of postoperative physical therapy visits the injured worker has attended since surgery. Additionally, if the injured worker underwent therapy, there was a lack of documentation of the objective functional improvement that was received. The request as submitted failed to indicate the number of postoperative physical therapy visits being requested. Given the above, the request is not medically necessary.