

Case Number:	CM14-0166983		
Date Assigned:	10/14/2014	Date of Injury:	11/29/2012
Decision Date:	09/23/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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: California, Oregon, Washington
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 61 year old female who sustained an industrial injury on 11-29-2012. Mechanism of injury was not found in documentation submitted for review. Diagnosis is right knee osteoarthritis. Treatment to date has included diagnostic studies, medications, status post partial medial and partial lateral meniscectomies as well as chondroplasty of the patella, and Synvisc injections. A physician progress note dated 09-12-2015 documents the injured worker has severe pain in her knees with the right knee worse than the left. She will undergo right knee replacement before the left knee. On a film taken on this date there is about 1mm of remaining cartilage in the medial compartment of her right knee. She also has arthroscopically grade 3 chondromalacia of the patella which is why a total knee is recommended. She has full extension of the right knee and flexion is to 120 degrees worse than the left knee. She is tender in her medial compartment. She has patellofemoral crepitation. Treatment requested is for Twelve (12) initial post-op physical therapy sessions for the right knee (status post-right knee total arthroplasty).

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) initial post-op physical therapy sessions for the right knee (status post right knee total arthroplasty): Overturned

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

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore, 12 visits are medically necessary. As the request equals the 12 visits, the request is medically necessary.