

Case Number:	CM14-0193176		
Date Assigned:	11/26/2014	Date of Injury:	01/06/2008
Decision Date:	01/23/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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 Minnesota. 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 has a date of injury of January 6, 2008. The mechanism of injury is not reported. He underwent a revision right total knee arthroplasty on 6/5/2014. A progress note dated 10/10/2014 indicates some swelling on the lateral aspect of the right knee of one week's duration. There was no complaint of pain in the right knee. On examination the incision area was clean, dry and intact. There was no erythema and no drainage. He was neurologically intact. There was some irritation along the iliotibial band distally at the Gerdy's tubercle. Range of motion was 0-120. The knee was stable to varus and valgus stress. X-rays revealed the implant to be well positioned, well fixed and anatomically aligned. The provider recommended continued physical therapy with stretching of the right iliotibial band and ice massage to the right knee. The request was noncertified by utilization review as the injured worker had received 24 physical therapy visits after his total knee arthroplasty and was able to bear weight as tolerated and had excellent range of motion. Per utilization review all that would be supported at that time would be a home based physical therapy protocol emphasizing overall fitness, conditioning, and a stretching protocol to address the iliotibial band changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy- especially stretch the right ITB (Iliotibial Band) and ice massage 2 times a weeks for 1 month: Upheld

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

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

Decision rationale: The Postsurgical Treatment Guidelines recommend 24 visits over 10 weeks for a total knee arthroplasty. The postsurgical physical medicine treatment period is 4 months. The injured worker had completed the general course of therapy consisting of 24 visits and had excellent range of motion in the knee and was able to bear weight without difficulty. There was no reason why he could not transition to a home exercise program and perform the icing of the iliotibial band with stretches as directed. Based upon the guidelines, the request for additional physical therapy 2 times a week for 1 month exceeded the general course of therapy and the physical medicine treatment period and as such the medical necessity was not established.