

Case Number:	CM14-0198877		
Date Assigned:	12/09/2014	Date of Injury:	04/28/2006
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/26/2014

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 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:

This 33-year old male claimant with an industrial injury dated 04/28/06. The patient is status post a right total knee arthroplasty as of 09/03/14 and a right knee manipulation under anesthesia as of 10/13/14. Exam note 11/04/14 states the patient returns with knee pain. Upon physical exam there was evidence of a large fusion with diffuse tenderness surrounding the medial joint line. Range of motion is noted as 20'-90'. The patient has completed 20 physical therapy sessions. Treatment includes 16 additional right knee postoperative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post-operative physical therapy to the right knee, four (4) times per week over four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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. The patient has completed 20 visits postoperatively. As the additional 16 visits exceed the 24 visits allowed, the Outpatient post-operative physical therapy to the right knee, four (4) times per week over four (4) weeks is not medically necessary.