

Case Number:	CM14-0199683		
Date Assigned:	12/10/2014	Date of Injury:	07/25/2013
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 57 year old female who was injured at work on 07/25/2013. During a doctor visit on 11/4/2014, the injured worker complained of pain in both knees. The right knee pain was 4/10; associated with difficulty walking without cane. The physical examination revealed long incisional scar on the right knee, range of motion of right knee of 0-90, mild diffuse tenderness. The left knee showed evidence of total knee replacement, tenderness in the lateral aspect. Her gait was markedly slowed and she walked with cane. The worker has been diagnosed of S/P right knee replacement. Treatments have included 12 sessions of physical therapy, total knee replacement left knee 2009, total knee replacement right knee 3/6/14, Diclofenac and Tramadol. At dispute are the requests for ortho consultation for right knee, and Physical therapy for right knee x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho consultation for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-347.

Decision rationale: The injured worker sustained a work related injury on 07/25/2013. The medical records provided indicate the diagnosis of S /P right knee replacement. Treatments have included 12 sessions of physical therapy, total knee replacement left knee 2009, total knee replacement right knee 3/6/14, Diclofenac and Tramadol. The medical records provided for review do not indicate a medical necessity for ortho consultation for right knee. The MTUS recommends surgical referral in cases presenting with severe symptoms and signs suggestive of meniscal tear or anterior cruciate ligament tear. The history and physical findings do not suggest there is serious medical problem that would warrant orthopedic consultation.

Physical therapy for right knee x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24-25, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-97.

Decision rationale: The injured worker sustained a work related injury on 07/25/2013. The medical records provided indicate the diagnosis of S /P right knee replacement. Treatments have included 12 sessions of physical therapy, total knee replacement left knee 2009, total knee replacement right knee 3/6/14, Diclofenac and Tramadol. The medical records provided for review do not indicate a medical necessity for Physical therapy for right knee x 6. The MTUS states that functional exercises after hospital discharge for total knee arthroplasty results in a small to moderate short-term, but not long-term, benefit. Furthermore, the chronic pain chapter states that, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels". Therefore, the requested treatment is not medically necessary as there is no indication the injured worker sustained any new injuries, neither is the clinical feature suggestive of any new serious medical problems to the knee.