

Case Number:	CM14-0203539		
Date Assigned:	12/16/2014	Date of Injury:	05/23/2014
Decision Date:	02/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/05/2014

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 New York. 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 patient is a 53-year-old who injured his left knee on May 23, 2014. He has chronic left knee pain. MRI of the left knee from September 2014 shows degenerative joint disease with chondromalacia of the patellofemoral articulation and possible tear of the lateral meniscus. The patient continues to complain of chronic knee pain. He's had previous left knee surgery. The previous surgery consisted of unilateral knee replacement. On physical examination range of motion of the knee is 5 through 120. There is a negative Lachman's test and negative posterior drawer test. The knee is stable to valgus and varus stress. There is tenderness about the peripatellar region. There is slight tenderness along the joint line. McMurray's maneuver produces pain but no palpable click. Sensation is intact in the bilateral lower extremities. X-rays of the knee show degenerative changes of the patellofemoral joint. There is no evidence of loosening or ostial lysis of her unilateral knee components. At issue is whether postoperative physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy Three (3) times per week for four (4) weeks for the Left Knee (12 total sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.
Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

Decision rationale: This patient does not meet existing guideline criteria for total knee replacement surgery at this time. Specifically, the medical records do not indicate that the patient has had a significant trial of conservative measures to include a knee injection and the results of suction injection. A recent trial and failure physical therapy is not clearly documented. More conservative measures aren't needed. Since the surgery is not medically necessary, then postoperative physical therapy is not medically necessary.