

Case Number:	CM14-0206592		
Date Assigned:	12/18/2014	Date of Injury:	07/11/2007
Decision Date:	02/25/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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
 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:

61 year old female claimant with an industrial injury dated 07/11/07. The patient is status post an arthroscopy as of 2008. X-rays dated 10/28/14 reveal moderate to severe medial joint space narrowing and mild osteophyte formation, lateral and patellofemoral. Exam note 10/28/14 states the patient returns with left knee pain. The patient explains that the pain worsens with walking and climbing stairs. The patient rates the pain a 5/10. Conservative treatments have included applying ice, elevation, and injection therapy with little improvement. Upon physical exam there was evidence of moderate tenderness surrounding the medial joint line. Exam anterior drawer test was noted as positive, along with the posterior drawer test. Exam McMurray's test was noted as positive with moderate medial joint line tenderness and moderate pain. It is noted that the patient has a valgus opening at 30' with 1+. Diagnosis is noted as severe left knee traumatic arthritis. Treatment includes a total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative physical therapy (for range of motion and strengthening prior to surgery):
 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), Knee & Leg Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee, Arthroplasty 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 guidelines do not specifically recommend preoperative therapy to begin for range of motion and strengthening prior to surgery. Therefore, the determination is not medically necessary.