

Case Number:	CM14-0206993		
Date Assigned:	12/19/2014	Date of Injury:	08/07/2012
Decision Date:	07/27/2015	UR Denial Date:	11/25/2014
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:

The injured worker is a 50 year old female who reported an industrial injury on 8/7/2012. Her diagnoses, and/or impressions, are noted to include: right total knee replacement (5/5/14); and post-traumatic osteoarthritis, primary osteoarthritis, and severe left knee tri-compartmental degenerative joint disease with large intra-articular free bodies. No current imaging studies are noted. Her treatments are noted to include right total knee arthroplasty on 5/5/2014; physical therapy; medication management; and rest from work. The pain management progress notes of 11/14/2014 reported a 6 month post-right knee arthroplasty follow-up visit with reports of doing quite well and continuing with physical therapy for the right knee and causing her left knee to become more symptomatic with night pain, and with her considering to want to discuss left knee replacement in early 2015. Objective findings were noted to include obesity; an antalgic gait on the left with use of cane; and mild effusion with moderate patella-femoral crepitus, palpable intra-articular loose bodies, pain with compression, moderate pseudo-laxity, and tenderness with range-of-motion in the left knee. The physician's requests for treatments were noted to include post-left total knee arthroplasty physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy (unspecified sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, Knee, 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. As the request is for an unspecified number of visits, the determination is not medically necessary.