

Case Number:	CM14-0215024		
Date Assigned:	01/02/2015	Date of Injury:	11/01/2000
Decision Date:	05/01/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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: New York, New Hampshire, Washington
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:

71 yo male with knee pain. He had conservative measures and then underwent surgical treatment. The patient had total knee surgery that was complicated with postop knee infection. He still has knee pain and stiffness. Need for continued postop PT at this time. It remains unclear how much physical therapy the patient has already had. At Issue is whether or not additional PT is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 2 times a Week over 6 Weeks to the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The medical records indicate that this patient has already had a course of postop knee physical therapy. It remains unclear how much knee therapy the patient has already had. There is no documentation of significant improvement clinically with postop physical therapy. MTUS guidelines recommend a short course of physical therapy postop with documented improvement prior to continuing postop physical therapy. The 12 visits of requested

postop physical therapy are not supported by MTUS guidelines because there is no documented initial improvement with a short course of postop physical therapy. This request is not medically necessary.