

Case Number:	CM14-0217841		
Date Assigned:	02/09/2015	Date of Injury:	04/12/1996
Decision Date:	04/01/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/29/2014

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, Sports Medicine

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 62-year-old female who reported an injury on 04/12/1996. The mechanism of injury was not specifically stated. The injured worker was diagnosed with posttraumatic osteoarthritis of the left knee. The injured worker presented on 02/24/2015 for a followup evaluation. It was noted that the injured worker had been previously treated with physical therapy, home exercise, knee bracing, oral anti-inflammatory medication, low dose narcotic pain medication, and viscosupplementation injections. The injured worker continued to report persistent pain and activity limitation as well as instability. It was noted that the injured worker was a reasonable candidate for a total knee replacement arthroplasty. The current medication regimen includes naproxen 500 mg, Norco, and Flector 1.3% patch. Upon examination, there was a limping and antalgic gait, mild swelling, maximum tenderness, crepitus, and limited range of motion. Recommendations included a total knee arthroplasty. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Home Health post-surgical physical therapy sessions for the left knee in the home setting:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 24.

Decision rationale: California MTUS Guidelines state that the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a total knee arthroplasty includes 24 visits over 10 weeks. Although it is noted that the injured worker is a candidate for a total knee replacement, there was no indication that this injured worker would be homebound following the procedure. While the request for 8 sessions of postoperative physical therapy does fall within guideline recommendations, there was no mention of a contraindication to traditional outpatient physical therapy following the procedure as opposed to physical therapy in the home setting. Given the above, the request is not medically appropriate at this time.