

Case Number:	CM14-0219099		
Date Assigned:	01/09/2015	Date of Injury:	09/27/2011
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: Minnesota, Florida
 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:

This 58 year old female sustained work related industrial injuries on September 21, 2011. The mechanism of injury was not described. The injured worker was diagnosed and treated for osteoarthritis unspecified whether gen/loc lower leg and total knee replacement. Treatment consisted of radiographic imaging, physical therapy, right knee arthroplasty 9/2014, left knee arthroplasty in 2/29/2012, consultation and periodic follow up visits. Per provider report dated October 6, 2014, objective findings revealed tricompartmental osteoarthritis of the right knee. Documentation noted that MRI of right knee on June 5, 2014 revealed medial and lateral meniscal tears as well as arthrosis with areas of cartilage loss. The treating physician prescribed services for additional post-operative physical therapy x 8 sessions, right knee now under review. On December 5, 2014, the Utilization Review (UR) evaluated the prescription for additional post-operative physical therapy x 8 sessions requested on November 26, 2014. Upon review of the clinical information, UR non-certified the request for additional post-operative physical therapy x 8 sessions, noting the lack of documented objective functional improvement to support medical necessity and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-operative Physical Therapy x 8 sessions, right knee: Upheld

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

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

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The guidelines indicate an initial course of therapy of 12 visits. Then with documentation of objective functional improvement an additional 12 visits may be prescribed. The postsurgical physical medicine treatment period is 4 months. The documentation provided indicates that the date of surgery was 9/24/2014 and 20 visits had been completed since that time. Documentation of continuing objective functional improvement was not submitted. 8 additional sessions were requested on 11/26/2014; however, no rationale was provided. There was no reason given why she could not transition to a home exercise program at that time. The additional 8 visits exceed the guideline requirement and as such the medical necessity of the request is not substantiated.