

Case Number:	CM14-0054078		
Date Assigned:	07/07/2014	Date of Injury:	03/25/2011
Decision Date:	01/16/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old female with bilateral osteoarthritis of knees, right more than left. There is a history of a fall on 3/25/2011. She underwent arthroscopy of the right knee with partial medial meniscectomy in 2012. An MRI scan of the right knee dated 3/10/2014 revealed tricompartmental osteoarthritis, most pronounced in the patellofemoral joint and moderate changes in the medial compartment with thickening of the medial collateral ligament, osteophytes of proximal tibia, and an enchondroma of the proximal tibia. A request for a total knee arthroplasty was non-certified by Utilization Review on 7/2/2014 as the Official Disability Guidelines criteria for a total knee arthroplasty were not met. The current disputed issue pertains to a separate request for post-operative physical therapy 3 x 4 for the right knee which was also non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy three times a week for four weeks, 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: The MTUS Postsurgical Treatment Guidelines indicate 24 physical therapy visits over 10 weeks for a total knee arthroplasty. The initial course of therapy is 12 visits. However, the request for surgery was non-certified per the medical records provided. Therefore, the request for post-operative physical therapy is also not medically necessary.