

Case Number:	CM14-0086109		
Date Assigned:	07/23/2014	Date of Injury:	06/12/2006
Decision Date:	01/05/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 California. 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 claimant is a 56 year old with a reported industrial injury dated 6/12/06. The claimant is status post right total knee arthroplasty on 3/30/14. Exam note dated 2/6/14 demonstrates report of severe osteoarthritis. Exam note dated 4/1/14 demonstrates the patient diagnosis as status post total knee replacement and edematous of the right lower extremity. There were no other exam notes submitted in the 31 pages of records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) to five (5) times per week for six (6) to eight (8) weeks for the right knee: Upheld

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

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

Decision rationale: Per the California MTUS/Postsurgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a postsurgical treatment period of 4 months. The guidelines recommend half of the authorized visit initially therefore 12 visits are medically necessary. It is unclear how many postoperative therapy visits have been

performed or what response there was to those visits. Therefore, the request for additional visits of physical therapy is not medically necessary.