

Case Number:	CM14-0087856		
Date Assigned:	07/23/2014	Date of Injury:	08/03/2013
Decision Date:	05/01/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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

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 70 year old male, who sustained an industrial injury on August 3, 2013. He reported right knee pain. The injured worker was diagnosed as having right knee posttraumatic arthritis and status post right knee total arthroplasty. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the right knee, conservative therapies, pain medications and lifestyle modifications. Currently, the injured worker complains of pain, stiffness and swelling of the right knee. The injured worker reported an industrial injury in 2013, resulting in right knee pain. He was kneeled down while securing a wheel chair and had pain in the right knee. He underwent diagnostic studies and received surgical intervention of the right knee without complete resolution of the symptoms. Evaluation on May 22, 2014, revealed continued pain. Evaluation on June 11, 2014, revealed continued pain. Records demonstrate that 6 sessions of postoperative physical therapy have been completed. Medications were renewed and physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12additional Physical therapy sessions post op to the right knee (2 x 6 weeks): 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: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, Knee, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The records demonstrate that 6 visits have been performed postoperatively. In this case, there is lack of demonstration of functional improvement or objective findings from the exam note of 6/11/14 to warrant further visits. Therefore, determination is for non-certification.