

Case Number:	CM15-0002507		
Date Assigned:	01/13/2015	Date of Injury:	06/11/2010
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/06/2015

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 is a 48 year old male with an industrial work injury dated June 11 2010 noting pain, swelling and popping of the knee. Diagnosis included disc degeneration, and internal derangement of the right knee. He underwent 3 surgical procedures on his right knee. The initial procedure was arthroscopy. Then a unicompartmental arthroplasty was performed using a MAKO knee replacement of the lateral compartment. This was revised to a total knee arthroplasty on 06/06/2014. Progress note dated 11/10/2014 noted the injured worker was 5 months post-op with no swelling and full range of motion. X-ray was stable. Utilization Review denied the request for physical therapy right knee two times four citing the injured worker had completed 33 visits and had near normal strength and range of motion. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right knee 2x4: 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 recommend 24 visits over 10 weeks for a total knee arthroplasty. The postsurgical physical medicine treatment period is 4 months. The initial course of therapy is one half of these 24 visits which is 12 visits. With documentation of continuing objective functional improvement a subsequent course of therapy of 12 visits may be prescribed within the above parameters. The injured worker has completed 33 physical therapy visits and continues to complain of pain. He has near normal range of motion and strength in the knee. There is no reason why he cannot transition to a home exercise program. The additional 8 visits as requested exceeds the guidelines and as such the medical necessity of the request is not substantiated.