

Case Number:	CM15-0009609		
Date Assigned:	01/27/2015	Date of Injury:	06/12/2013
Decision Date:	03/17/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: Illinois, California, Texas
 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 female was injured 6/12/13 in an industrial accident involving the right knee. She is experiencing right knee pain with a pain intensity of 8/10. In addition she is experiencing instability and falls. She has left knee pain with pain intensity of 3/10; low back pain 5/10 and right shoulder pain 5/10. She currently uses Tramadol, cyclobenzaprine and non-steroidal anti-inflammatory. Medications decrease pain and allow her to perform activities of daily living. Diagnoses include end-stage osteoarthopathy, right knee and right shoulder impingement. Treatments included transcutaneous electrical nerve stimulator, stretching, physical therapy, home exercises, activity modification and heat/ cold. The treating physician requested total right knee arthroplasty, pre-operative history and physical, labs, electrocardiogram, post-operative home therapy 3x3 after home therapy outside physical therapy 3X4- +6 weeks. On 1/9/15 Utilization Review non-certified (modified) the request for outpatient physical therapy three times a week for one week citing MTUS/ ACOEM Knee Disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 3 x 6: 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 California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 4/3/14 utilization review recommended partial certification of 12 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request for 28 post-operative physical therapy sessions is not medically necessary.