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| Case Number: | CM15-0149008 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 12/09/2013 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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: Texas, California

Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 12-9-13. The injured worker has complaints of left knee pain. Left knee examination reveals slight swelling and warmth compared to the contralateral right side. The injured worker has 0 to 150 degrees of flexion, with crepitus with flexion and extension and has pain along the patellofemoral joint, but significant pain along the medial hemijoint. The diagnoses have included postoperative repair of the anterior talofibular ligament and removal of a fracture fragment from right ankle with ankle arthroscopy; peroneal tendinitis of the left ankle and left knee pain. Treatment to date has included norco; motrin; X-ray showed mild arthrosis and magnetic resonance imaging (MRI) of left knee on 6/5/15 showed there are several foci of high-grade chondromalacia and a cartilage defect at the weight bearing surfaces of the medial femoral condyle and medial tibial plateau, 2 millimeter cartilage flap at the posterior weight bearing surface of the medial femoral condyle. The request was for post-operative physical therapy 3 x 4 sessions. The patient had received an unspecified number of PT visits for this injury. Per the note dated 7/1/15, the patient had complaints of left knee pain. Physical examination of the left knee revealed tenderness on palpation, swelling and 150-degree flexion. Patient was recommended total knee arthroplasty. Any evidence of authorization of total knee arthroplasty was not specified in the records specified. Per the note dated 7/10/15 patient was not certified for total left knee arthroplasty. An operative note of total knee arthroplasty was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 x 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/knee.htm>).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Chapter: Knee & Leg (updated 07/10/15) Physical therapy ODG Physical Medicine Guidelines.

Decision rationale: Post-operative physical therapy 3 x 4 sessions. ODG guidelines cited below recommend Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Patient was recommended for total knee arthroplasty. Any evidence of authorization of total knee arthroplasty was not specified in the records specified. Per the note dated 7/10/15, the patient was not certified for total left knee arthroplasty. A operative note of total knee arthroplasty was not specified in the records specified. As the request for TKR is non-certified; the medical necessity of the request for Post-operative physical therapy 3 x 4 sessions is also not fully established in this patient. The medical necessity of the request for Post-operative physical therapy 3 x 4 sessions is not fully established in this patient.