

<b>Case Number:</b>	CM15-0181913		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: California, Oregon, Washington  
 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 54 year old male, who sustained an industrial injury on 1-27-14. Current diagnoses include right knee degenerative joint disease and right knee osteoarthritis. The injured worker is not currently working. A report dated 8-14-15 reveals the injured worker presented with complaints that include right shoulder and right knee pain. A physical examination dated 8-14-15 revealed limited range of motion in the right knee and crepitation is noted through range of motion. There is positive effusion in the knee and tenderness in the medial and lateral joint line. Treatment to date has included medication and physical therapy. A physical therapy note dated 7-17-15, for post-operative left knee, stated improved flexion range of motion and benefit from the treatment "as noted by the reduction in symptoms". Diagnostic studies to date have included an x-ray. The requests for authorization dated 8-19-15 for post-operative physical therapy for 24 sessions is modified to 12 sessions to allow for the demonstration of functional improvement and-or a decrease in pain and hospital inpatient stay for 4 days is modified to 3 days per best practice, per Utilization Review letter dated 8-26-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy, QTY: 24: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request exceeds the 12 visits, the determination is for not medically necessary.

**Associated surgical service: Smith-Nephew MRI protocol, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Knee Surg. 2013 Apr 10. [Epub ahead of print] Reliability of Templating with Patient-Specific Instrumentation to Total Knee Arthroplasty. Issa K, Rifai A, McGrath MS, Callaghan JJ, Wright C, Mallcani, AL, Mont MA, McIherney CK. Source Center for Joint Preservation and Replacement, Rubin Institute for Advanced Orthopedics, Baltimore, Maryland.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Surgical Considerations.

**Decision rationale:** According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical information submitted for review indicates the physician requested the MRI prior to total knee replacement. There are no exceptional factors in the exam note of 8/14/15 to warrant non-adherence to the ACOEM recommendations. The request for preoperative knee MRI is therefore not medically necessary and appropriate.

**Associated surgical service: Hospital Inpatient Stay (In days), QTY: 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hospital length of stay (LOS) guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, 3 days is the best practice for a knee replacement. In this case the 4 day request exceeds the 3 day inpatient stay and the request is therefore not medically necessary and appropriate.