

Case Number:	CM15-0194834		
Date Assigned:	10/08/2015	Date of Injury:	11/01/1993
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This is a 58-year-old male with a date of industrial injury 11-1-1993. The medical records indicated the injured worker (IW) was treated for osteoarthritis, multiple sites and pain in joint, lower leg. In the progress notes (8-19-15), the IW reported bilateral knee pain rated 3 out of 10; he stated he felt better since his last office visit. At his previous visit (7-8-15), he presented with pain and drainage of the right knee, with swelling and bruising present. On examination (8-19-15 notes), there was medial joint line tenderness to the bilateral knees and mild soreness to the right knee and discomfort of the left knee when walking. X-rays of the right knee and tibia showed "no loosening of the right knee arthroplasty." Treatments included right knee arthroplasty, right knee arthrotomy and neuroplasty of the peroneal nerve (6-24-15). There were no notes indicating the IW had any physical therapy postoperatively by 8-19-15. The IW was temporarily totally disabled. The treatment plan included physical therapy to improve range of motion and strength of the right knee. A Request for Authorization dated 9-3-15 was received for physical therapy three times a week for four weeks for the right knee (#12). The Utilization Review on 9-11-15 non-certified the request for physical therapy three times a week for four weeks for the right knee (#12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x a week for 4 weeks for the right knee (#12): Overturned

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

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

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 guidelines recommend of the authorized visits initially, therefore 12 visits are medically necessary. As the request equals the 12 visits, the determination is for certification.