

Case Number:	CM15-0207096		
Date Assigned:	10/23/2015	Date of Injury:	02/25/2010
Decision Date:	12/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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 injured worker is a 49-year-old male who sustained an industrial injury on 2/25/10. The 10/13/14 right knee MRI conclusion documented a lateral meniscus tear, anterior cruciate ligament cystic degeneration, tricompartmental osteoarthritis, moderate joint effusion, and a moderate-sized Baker's cyst. He underwent left total knee replacement on 7/15/15. The 9/16/15 treating physician report indicated that the injured worker was three months post-op left total knee arthroplasty and recovering well. He had persistent right knee pain. Right knee imaging was positive for tricompartmental osteoarthritis. Physical exam documented range of motion 5-120 degrees with crepitus and end-range pain. He was stable to varus and valgus, anterior and posterior stresses. His right knee symptoms had failed to resolve with prior arthroscopy and conservative treatment including anti-inflammatories, physical therapy, and injections. Body mass index was less than 30. He was turning 50 in December. Authorization was requested for right total knee replacement with associated surgical requests including 6 visits of post-operative home physical therapy and 12 visits of post-operative outpatient physical therapy. The 9/28/15 utilization review certified the request for right total knee replacement and associated post-op home physical therapy for 6 visits. The request for post-operative outpatient physical therapy for 12 visits was modified to 6 visits consistent with the recommended initial course of 12 post-op physical therapy visits when combined with the certified home physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Outpatient Physical Therapy 3 Times a Week for 4 Weeks to the Right Knee: Upheld

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: 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. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The 9/28/15 utilization review certified an initial 6 visits of home health physical therapy, and modified this request to 6 visits of outpatient physical therapy. The combined initial post-op physical therapy has been certified for 12 visits, consistent with guidelines. This allows a transition from home based to outpatient physical therapy. There is no compelling rationale to support the medical necessity of additional therapy at this time as an exception to guidelines. Therefore, this request is not medically necessary.