

<b>Case Number:</b>	CM15-0023666		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 45 year old female, who sustained an industrial injury on 11/12/2002. The diagnoses have included generalized pain, shoulder impingement, knee and elbow tendinitis/bursitis, lumbosacral radiculopathy, and myalgia and myositis. Noted treatments to date have included recent knee surgery, home healthcare, and medications. Diagnostics to date have included x-rays of the left knee which revealed decreased medial joint spacing, according to progress note. In a progress note dated 10/22/2014, the injured worker presented with complaints of significant lower back pain with radiating pain down the left lower extremity with numbness, tingling, and weakness. The treating physician reported the injured worker is status post partial knee replacement on the left side and awaiting authorization for a rehabilitation center for postoperative left total knee arthroplasty for one month. The physician also stated that the injured worker was provided with home healthcare previously, however, was unsatisfied with the treatment. Utilization Review determination on 01/26/2015 non-certified the request for Post-operative Inpatient Rehabilitation x 5-7 days citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Inpatient Rehabilitation, 5-7 Days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Skilled Nursing Facility (SNF) Care

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Section 9792.24. 3. Postsurgical Treatment Guidelines provide for postsurgical therapy as follows: The MTUS states that the post-surgical treatment for knee arthroplasty is 24 visits of physical therapy over 10 weeks. Postsurgical physical medicine treatment period: 4 months. The Post-Surgical Treatment Guidelines recommend outpatient post-operative physical therapy. Inpatient physical therapy is not part of the recommended treatment. Post-Operative Inpatient Rehabilitation, 5-7 Days is not medically necessary.