

Case Number:	CM15-0029019		
Date Assigned:	02/23/2015	Date of Injury:	04/22/2013
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 04/22/2013. He has reported subsequent shoulder and knee pain and was diagnosed with chronic pain syndrome, degenerative joint disease, labral tear, medial meniscus tear, anterior cruciate ligament tear, chondromalacia of the patella and lateral meniscus tear. Treatment to date has included oral and topical pain medication and physical and pool therapy. In a progress note dated 12/05/2014, the injured worker complained of continued left shoulder and knee pain that was rated as a 10/10 without medication and a 7-8/10 with medication. Objective physical examination findings were notable for bilateral joint line pain to palpation of the left knee, effusion with swelling, 2+ pitting edema in the distal lower extremity, decreased and painful range of motion with positive McMurray's, Apley's and Lachman's tests. During a recent orthopedic appointment on 12/02/2014, the orthopedist noted that the injured worker had end stage osteoarthritis, worse in the left knee, and that a total left knee replacement was recommended due to failure of conservative treatments. A request for authorization for post-operative physical therapy was submitted. On 01/20/2015, Utilization Review non-certified a request for post-operative physical therapy 2 x week x 6 weeks of the left knee, noting that since the surgical procedure the request was based on was not warranted, the request could not be approved. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy two times per week times six weeks to the left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain syndrome; left shoulder pain; degenerative joint disease; tendinosis left knee; anterior cruciate ligament tear; chondromalacia patella; lateral meniscus tear; joint diffusion; medial meniscus tear; left shoulder pain and strain; labral tear. The injured worker was scheduled for a computer navigated total arthroplasty left knee. The procedure is deemed to be not medically necessary. As a result, if the procedure is not medically necessary then postoperative physical therapy is not medically necessary. Consequently, absent clinical documentation with a clinical indication for computer navigated total arthroplasty left knee (with a denial for medical necessity), postoperative physical therapy two times per week times six weeks to the left knee is not medically necessary.