

Case Number:	CM15-0223407		
Date Assigned:	11/19/2015	Date of Injury:	05/11/2000
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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 59-year-old female who sustained an industrial injury on 5/11/00, relative to a fall. She underwent right knee arthroscopy surgeries in 2000 and 2013, and a right total knee replacement with navigation on 4/3/14. The 6/11/14 treating physician report indicated that the injured worker was doing well and walking comfortably. Physical exam documented painless range of motion 0-120 degrees with well-healed incision. The treatment plan recommended continued conditioning and strengthening exercise, and daily walking. Home care measures were recommended for occasional aches and pains. There are no interim treating physician reports in the available records. Authorization was requested for right knee arthroscopic surgery and associated surgical services including post-operative physical therapy 2-3 times weekly for 4-6 weeks. The 11/2/15 utilization review certified the request for right knee arthroscopic surgery based on a peer-to-peer call documenting on-going clicking and popping in the suprapatellar area and failure of conservative treatment. The request for up to 18 sessions of post-operative physical therapy was modified to 12 sessions of post-op physical therapy consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 2-3 weekly for 4-6 weeks 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 Post-Surgical Treatment Guidelines for arthroscopic knee surgery suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 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. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This injured worker presents with on-going suprapatellar clicking and popping following a right total knee arthroplasty. She has reportedly failed conservative treatment. Arthroscopic debridement has been recommended and certified. The 11/2/15 utilization review recommended modification of this request to 12 sessions of post-operative physical therapy consistent with the general course recommendations. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified and as an exception to guidelines. Therefore, this request is not medically necessary.