

Case Number:	CM15-0030615		
Date Assigned:	02/24/2015	Date of Injury:	03/02/2012
Decision Date:	04/15/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 58-year-old female, who sustained an industrial injury, March 2, 2012. According to progress note of August 5, 2014, the injured workers chief complaint was right knee pain and decreased range of motion. This note was prior to total knee replacement. The injured worker was diagnosed with progressive patellafemoral osteoarthritis of the right knee. The injured worker previously received the following treatments status post right medical compartment unlocondylar right knee arthroplasty, X-rays showed no evidence of osteolysis or loosening of components there was narrowing of the patellafemoral joint space and osteophyte formation prior to surgery. The documentation submitted for review was a progress note form August 5, 2014, which was prior to the right total knee replacement. According to the Utilization Review documentation, the injured worker had had 28 session of postoperative physical therapy. However, no postoperative notes, physical therapy notes or progress reports after the procedure to support the need for further physical therapy. The primary treating physician requested authorization for Physical therapy 2 times a week for 4 weeks status post right total knee replacement. On January 15, 2015, the Utilization Review denied authorization for Physical therapy 2 times a week for 4 weeks status post right total knee replacement. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks. s/p right TKA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: The most recent attached progress note is dated August 5, 2014. A previous review after that date indicates that the injured employee has participated in 28 postoperative visits of physical therapy for the knee after a total knee replacement. There are no subsequent notes assessing the efficacy of these physical therapy sessions. The MTUS guidelines recommend 24 visits of therapy after a total knee arthroplasty. Considering these guidelines and the amount of therapy already attended, this request for an additional eight visits of physical therapy for the right knee status post TKA is not medically necessary.