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| Case Number: | CM15-0044083 | | |
| Date Assigned: | 03/16/2015 | Date of Injury: | 06/02/2010 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: New York, New Hampshire, Washington
 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 6/02/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having osteoarthritis, localized, not specified whether primary or secondary, lower leg. Treatment to date has included conservative measures, including diagnostics, cortisone injections, knee brace, and physical therapy. Previous arthroscopic right knee surgery was noted in 12/2011. Radiographic imaging results of bilateral knees, performed on 2/13/2015, were submitted. A magnetic resonance imaging report of the right knee, dated 6/28/2013, was submitted. Currently, the injured worker complains of chronic right knee pain. She reported daily use of medication for pain and inflammation, but medication use was not specified. Physical exam noted medial and anterior pain and tenderness, 1+ effusion, range of motion 0-90 degrees with pain and crepitus. Neurovascular status was intact and no gross instability was noted. She ambulated with an antalgic gait. The recommendation was for a right total knee arthroplasty. Her body mass index was not noted, although she was documented as having obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative therapeutic exercises 2 times a week for 3 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Decision rationale: MTUS guidelines recommend post op knee physical therapy 24 visits over 10 weeks. However, guidelines do recommend a short course of post op PT that must have documented patient improvement prior to authorizing more PT post op visits. All 3 weeks of post op PT visits should not be approved at this time.