

Case Number:	CM15-0049576		
Date Assigned:	03/23/2015	Date of Injury:	04/28/2011
Decision Date:	05/08/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: 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 54 year old male, who sustained an industrial injury on April 28, 2011. The injured worker had reported a left knee injury. The diagnoses have included primary localized osteoarthritis of the lower leg and unspecified malalgia and myositis. Treatment to date has included medications, radiological studies, physical therapy, chiropractic care, acupuncture treatments, trigger point injections and a left total knee replacement on August 15, 2014. Current documentation dated January 28, 2015 notes that the injured worker reported left knee pain. The injured worker had received post-operative physical therapy which was noted to help decreased the pain and improve his tolerance to activity. Physical examination of the left knee revealed an effusion and tenderness of the medial and lateral joint line. Special orthopedic testing of the left knee was negative. The treating physician's plan of care included a request for an additional post-operative physical therapy to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Post-Op Physical Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, page 24, Knee, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary.