

Case Number:	CM15-0051869		
Date Assigned:	03/25/2015	Date of Injury:	06/08/2011
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained a work/ industrial injury on 6/8/11. He has reported initial symptoms of left and right knee pain (R>L). The injured worker was diagnosed as having sprain/strain of knee and leg and degenerative joint disease/osteoarthritis. Treatments to date include anti-inflammatory medication, physical therapy, surgery (arthroscopic/chondroplasty procedures), and knee injection. Magnetic Resonance Imaging (MRI) demonstrated tricompartmental chondromalacia, grade II. Impression was right knee arthritis. Currently, the injured worker complains of continued bilateral knee pain, (R>L). The treating physician's report (PR-2) from 2/4/15 indicated assessment for right knee arthritis. Bilateral lower strength was rated 5/5. Surgery (right total knee replacement) was recommended due to significant cartilage loss. Treatment plan included post operative physical therapy 2 times a week for 8 weeks.

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 8 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg chapter, Physical medicine treatment section.

Decision rationale: The Official Disability Guidelines allow for up to 24 post-operative physical therapy treatments following a total knee arthroplasty. There is a divergence of opinion in the matter of whether or not a total knee replacement is warranted for this injured worker. An MRI scan of the injured worker's right knee from 1-26-2015 mentions a minimal tear of the lateral meniscus but is silent regarding the integrity of the cartilage in the knee otherwise. The most recent orthopedic note from 1-2-2015, however, states that there is a grade III meniscal tear and wide-spread chondromalacia. Per a recent utilization review note, a total knee arthroplasty was not certified on the basis of minimal MRI findings. The documents submitted for review do not include a denial of the total knee replacement from either a utilization reviewer or independent medical examiner level. The available MRI evidence would seem to speak against the need for a knee replacement, although a definitive denial of said procedure is lacking from the record available for review. Therefore, if the total knee arthroplasty does eventually occur, then and only then, would post-operative physical therapy be medically appropriate and necessary. Hence, if a total knee arthroplasty ultimately takes place, post-operative physical therapy 2 x 8 will be medically necessary.