

Case Number:	CM15-0056061		
Date Assigned:	04/01/2015	Date of Injury:	07/12/2006
Decision Date:	05/11/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/24/2015

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: Minnesota, Florida
 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 53-year-old female who sustained an industrial injury to her right knee on July 12, 2006. The injured worker was diagnosed with right knee arthritis and synovitis. The injured worker is status post right total knee replacement in June 2011 and manipulation under anesthesia in January 2012. According to the primary treating physician's progress report on October 16, 2014, the injured worker continues to experience right knee pain with movement and at night. She continues to wear a knee brace. The injured worker has received physical therapy and injections without benefit. Examination demonstrated decreased range of motion with tenderness over the lateral and medial joint line. Current medications are listed as Norco. Treatment plan was proposed for a right knee arthroscopic synovectomy, which was not authorized. The current request is for postoperative physical therapy of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy sessions 2 times a week for 6 weeks for a total of 12 Sessions for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 7.

Decision rationale: California MTUS postsurgical treatment guidelines indicate postsurgical physical therapy after specific surgical procedures. The documentation in this case indicates that a request for synovectomy of the knee was noncertified. As such, the postoperative request for physical therapy is not supported and the medical necessity of the request has not been substantiated.