

Case Number:	CM14-0002299		
Date Assigned:	01/24/2014	Date of Injury:	08/31/2012
Decision Date:	06/11/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spinal Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old male injured on 08/03/12 when he fell on rectory steps injuring his left knee, right shoulder, low back, left hip, and developed non-physical injuries. The injured worker underwent total knee arthroplasty on 08/16/13. The injured worker completed 12 post-operative physical therapy sessions between 10/30/13 and 12/24/13 with subsequent request for eight additional physical therapy sessions submitted on 12/24/13. Clinical note dated 12/16/13 indicated the injured worker was four months status post left total knee replacement with marked improvement in pre-operative status. The injured worker reported feeling weak at times and occasionally using a cane if traveling. Physical examination of the left knee revealed well healed midline incision over the left knee, range of motion 0-120 degrees, stable to varus and valgus stress, no calf tenderness, and negative Homan's Sign. Physical therapy note dated 12/20/13 indicated the injured worker completed all exercises and rated pain at 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT KNEE (DURATION AND FREQUENCY UNKNOWN): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As noted in the Chronic Pain Medical Treatment and Official Disability Guidelines (ODG), the post-operative treatment of total knee arthroplasty includes 24 physical therapy sessions over 10 weeks. Given the inconsistency in clinical documentation, the request for outpatient post-operative physical therapy for the left knee (duration and frequency unknown) cannot be recommended as medically necessary.