

Case Number:	CM14-0126060		
Date Assigned:	09/24/2014	Date of Injury:	07/27/1998
Decision Date:	11/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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 and is licensed to practice in California. 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 claimant was injured in a work-related accident on 07/27/98. The date of birth was not evident in the clinical records provided for review. Clinical records available for review documented continued left hip and right knee related complaints. The medical records documented that the claimant wished to proceed with arthroplasty of the knee. There was no documentation of physical examination findings, Imaging or measures of prior conservative care. The clinical request is for postoperative treatment in regards to proposed right total knee replacement procedure. It was documented that the claimant is status post right knee arthroscopy and menisectomy on 07/31/2013. There is currently a request for post-operative physical therapy treatment for the right knee x12 initial sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial post operative physical therapy visits for the right knee. 3 times a week for 4 weeks as an out patient.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Knee; Table 2, Summary of Recommendations, Knee disorders.>

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines 12 initial sessions of physical therapy following a knee replacement procedure would be indicated. However, the medical records documented that in August, 2014, a Utilization review determination did not authorize the proposed surgery. In light of the fact the request for right total knee replacement has not been authorized, the request for postoperative physical therapy of twelve sessions for the right knee cannot be supported.