

Case Number:	CM14-0161659		
Date Assigned:	10/07/2014	Date of Injury:	06/18/2012
Decision Date:	10/31/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Minnesota. 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 73 year old male with severe osteoarthritis of both knees related to continuous trauma on 06/18/2012. He underwent a right total knee arthroplasty on 03/07/2014 with a good result. The office note of 08/17/2014 indicates complaints of severe pain, popping, locking, and giving way of the left knee associated with swelling, tenderness on both the medial and lateral joint lines, and patellofemoral joint. Range of motion was limited. Xrays revealed bone on bone medially and osteophytosis. A prior MRI scan of 07/11/2012 revealed tri-compartmental osteoarthritis. The disputed issue pertains to a post-operative request for Physical Therapy 2 times a week for 6 weeks after the Total Knee Arthroplasty. The UR agreed with the need for P.T. but noted a concurrent request for Total Knee Arthroplasty had not yet been authorized per available documentation. The IMR request is also for Physical Therapy 2 times a week for 6 weeks but documentation pertaining to the authorization of the Total Knee Arthroplasty is again not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy For Left Knee, Two Times A Week For Six Weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: The post-surgical treatment guidelines recommend an initial course of therapy which includes half of the number of visits specified in the general course of therapy for that surgery. For a total knee arthroplasty 24 visits are recommended over 10 weeks and half of that is 12 visits. The post-surgical physical medicine time period is 4 months. Therefore the requested 12 physical therapy visits are within the guidelines. However, the medical necessity of the Physical Therapy is relative to the authorization of the total knee arthroplasty. If the total knee arthroplasty is deemed appropriate and medically necessary, the Post-Operative Physical Therapy as requested is medically necessary.