

Case Number:	CM14-0214359		
Date Assigned:	01/07/2015	Date of Injury:	02/03/2014
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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:

This is a 63-year-old female with a date of injury of 2/3/2014. Documentation indicates that she fell forward on that day, landing on both knees. She sustained nondisplaced fractures of both patellae. Per progress notes of 11/14/2014 the injured worker has end-stage osteoarthritis of the right knee. There was marked narrowing of the medial and patellofemoral compartment joint spaces. Large osteophytes were noted. She had undergone a left total knee arthroplasty on 9/15/2014. Documentation indicates that she has diabetes mellitus and acute on chronic renal insufficiency. She meets the criteria for a right total knee arthroplasty and the requested surgery has been certified. The disputed issues pertain to a request for preoperative clearance which was modified by utilization review to certify EKG, CBC, CMP, PT, PTT, and UA. A request for additional 12 sessions of physical therapy for the left knee was noncertified as the number of postoperative physical therapy sessions to date was not provided. Additionally there was no clear documentation of musculoskeletal deficits that could not be addressed within the context of a home exercise program. A progress note dated November 14, 2014 has been submitted which documents range of motion of the left knee from 0-110. There was a moderate amount of swelling still present but significant improvement was noted. X-rays on that date revealed a well placed left total knee arthroplasty. Additional physical therapy was requested but the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-Operative Clearance and 3-day management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Lower Back Topic: Pre-operative testing, general, Pre-operative testing, labs, Preoperative testing, electrocardiography

Decision rationale: With regard to medical clearance, the injured worker has evidence of comorbidities including diabetes mellitus and renal failure. She was also noted to be anemic on her last labs. Therefore the need for preoperative clearance and in-hospital monitoring is established. ODG guidelines indicate preoperative testing should be guided by the presence of comorbidities and as such, the request for medical clearance is supported by guidelines and the medical necessity is substantiated. 3 day in-hospital monitoring due to the co-morbidities is appropriate and medically necessary.

Physical Therapy (12-sessions, 2 times a week for 6 weeks, for the left knee): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10, 11.

Decision rationale: The postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The guidelines indicate an initial course of therapy of 12 visits and then with objective documentation of continuing functional improvement a subsequent course of therapy of 12 visits may be prescribed. If it is concluded that additional functional improvement is likely the physical therapy may be continued up to the maximum of 4 months from the date of surgery. The surgery was performed on September 15, 2014 and so the postsurgical physical medicine treatment period has expired. Documentation indicates good range of motion in the operated knee and no extensor lag is documented. There is no reason given why she could not continue the rehabilitation in the form of a home exercise program. Also, the number of visits to date have not been provided. In light of the above, the request for additional physical therapy is not supported by guidelines and as such, the medical necessity of the request is not substantiated.