

Case Number:	CM15-0007990		
Date Assigned:	01/26/2015	Date of Injury:	10/01/2012
Decision Date:	06/03/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female, who sustained an industrial injury on October 1, 2012. She has reported left knee injury. The diagnoses have included osteoarthritis of leg. Treatment to date has included left total knee arthroplasty and current manipulation on November 25, 2014, and physical therapy. Currently, the IW complains of left knee stiffness, and weakness. Physical findings reveal a well healing surgical scar, and passive range of motion of full extension and flexion is 125 degrees. The records indicate she has completed only one session of physical therapy since the manipulation. On December 31, 2014, Utilization Review non-certified the request for twelve additional post-operative physical therapy for the left knee, two times per week for six weeks, as outpatient, status post manipulation under anesthesia, based on ACOEM guidelines. On January 1, 2015, the injured worker submitted an application for IMR for review of an additional twelve post-operative physical therapy for the left knee, two times per week for six weeks, as outpatient, status post manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy for the left knee 2 x 6 as outpatient, status post manipulation under anesthesia: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee, pages 14-15.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 20 visits over 4 weeks for manipulation under anesthesia over a postsurgical physical medicine treatment period of 6 months. Submitted reports have adequately demonstrated the indication to support further physical therapy as the records indicate the patient has had only one session of PT since manipulation surgery on 11/25/14. Further consideration is warranted upon evidence of functional benefit within the rehabilitation period. The Additional post operative physical therapy for the left knee 2 x 6 as outpatient, status post manipulation under anesthesia is medically necessary and appropriate.