

Case Number:	CM15-0115235		
Date Assigned:	06/23/2015	Date of Injury:	01/11/2000
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania, Ohio, 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:

This is a 48-year-old male with a January 11, 2000 date of injury. A progress note dated May 21, 2015 documents subjective complaints (right knee has progressively worsened; swelling, discomfort, and occasional sharp pain; difficulty ambulating), objective findings (markedly antalgic gait on the right side, with varus deformity of approximately 10 degrees; right knee has moderate sized effusion; corrects to about 5 degrees of valgus), and current diagnoses (failed right total knee arthroplasty with probable aseptic loosening). Treatments to date have included right total knee arthroplasty, x-rays of the right knee (May 21, 2015; showed complete collapse of the tibial component into the medial aspect of the tibia, and the tibial component is now grossly loose and has dropped into varus), and medications. The medical record indicates that the treating physician recommended urgent revision of the right total knee arthroplasty. The treating physician documented a plan of care that included twelve sessions of postoperative outpatient physical therapy following home physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient P.T. three times four visits after home P.T.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 2424.

Decision rationale: MTUS post-operative treatment guidelines establish general recommendations for treatment after surgery. The actual prescribed treatment for a given patient should be based upon that patient's particular progress and ongoing goals. It is not possible to determine in advance what this patient's outpatient rehabilitation needs will be subsequent to planned periods of inpatient and home therapy. Therefore, this request is premature and not medically necessary.