

Case Number:	CM15-0117030		
Date Assigned:	06/25/2015	Date of Injury:	01/14/2013
Decision Date:	07/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, Oregon
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:

The injured worker is a 58 year old female, who sustained an industrial injury on 1/14/13. The injured worker has complaints of some swelling on the outside part of the right knee and some pain occasionally with popping and clicking. The examination revealed there is slight swelling overt eh lateral aspect of the knee but no effusion and she is able to do a straight leg raise without any kind of extensor lag. The diagnoses have included status post right total knee replacement. Treatment to date has included right total knee replacement on 2/23/15 and physical therapy. The request was for additional postop physical therapy quantity 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postop physical therapy Qty:8: Upheld

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

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment

period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. In this case, at the time of the request the worker was 3 months from surgery with a PT start date of 3/24/15 and request for additional therapy 6/1/15. 12 visits had been completed. The recommended frequency at the recommended pace (from above) is about twice per week. The worker had not completed 10 weeks of therapy as recommended by guidelines and thus more PT was appropriate. Additional 2 weeks at a frequency of twice a week is supported by guidelines. Based on this, the request for 8 visits is not medically necessary.