

Case Number:	CM15-0125203		
Date Assigned:	07/09/2015	Date of Injury:	02/10/2010
Decision Date:	08/06/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old female who sustained an industrial injury on 2/10/10. She had complaints of pain in her neck, upper back, bilateral shoulders, bilateral elbows and bilateral knees. Treatments include medication, brace, physical therapy, chiropractic treatment, injections and surgery. Orthopedic evaluation dated 5/12/15 reports continued complaints of bilateral knee pain, left side worse than right. The pain is increasing with stiffness and aching. Diagnoses includes: right and left knee end stage osteoarthritis and obesity. Plan of care includes: proceed with total left knee arthroplasty, MRI of left lower extremity, right knee orthovisc injections, request post op physical therapy 24 sessions for rapid reconditioning and to restore function and continuous passive motion device 14 day rental. Work status as per primary treating physician. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Post operative physical therapy visits for the left knee: Upheld

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

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

Decision rationale: The MTUS provides detailed guidance on post-operative treatment recommendations regarding physical therapy. The MTUS recommends a maximum of 24 visits to physical therapy for knee arthroplasty, but the guidelines also clearly state that initial treatment should be one-half of the maximum (in this case, 12 visits). Therefore, the modification by utilization review to allow for 12 initial sessions of physical therapy is reasonable based on the guidelines, and therefore the request for 24 visits of physical therapy as initially written is not considered medically necessary.