

Case Number:	CM15-0040552		
Date Assigned:	03/10/2015	Date of Injury:	11/01/2010
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: Orthopedic Surgery, Sports 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 53-year-old female who reported an injury on 11/01/2010. The mechanism of injury was trays fell on the injured worker's knee while at work. The injured worker was noted to have medical clearance for a left total knee replacement. Other therapies included physical therapy, pain management, prior knee surgery, and cortisone injection. The injured worker underwent 3 arthroscopic surgeries for the left knee and 2 for the right knee. A left knee total replacement took place on 08/14/2014. The injured worker underwent postoperative physical therapy. The most recent documentation related to physical medicine treatment was dated 10/20/2014. The documentation indicated the injured worker's knee "did not want to bend and felt stuck." The diagnoses included knee joint replacement. The treatment plan included to continue with treatment. The injured worker complained of severe pain and sensitivity to flexion and extension of the left knee. The injured worker had moderate swelling of the left knee. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Knee twice (2) a week for eight (8) weeks: 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: The California Medical Postsurgical Treatment Guidelines indicate that postsurgical treatment for an arthroplasty is 24 visits over 4 months. The clinical documentation submitted for review failed to indicate the quantity of sessions that were previously utilized. There was a lack of documentation of objective functional benefit and objective remaining functional deficits. There was a lack of documentation of a recent objective examination to support the injured worker had been moving forward in therapy. There was a lack of documentation indicating a necessity for 16 session. Given the above, the request for physical therapy for the left knee twice (2) a week for eight (8) weeks is not medically necessary.