

Case Number:	CM15-0065761		
Date Assigned:	04/13/2015	Date of Injury:	08/29/2002
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/07/2015

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, Pain Management

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 70-year-old male with a reported date of injury of 08/29/2002. The diagnosis includes left knee osteoarthritis. Treatments to date have included cortisone injection, valgus brace, and oral medications. The progress report dated 03/12/2015 indicates that the injured worker had progressive left knee pain with walking, standing, climbing and intermittent popping, swelling, and locking. The injured worker did not respond to the previous cortisone injection. The objective findings include walking with a slight antalgic gait, tenderness to palpation medially with slight swelling, no effusion, and slight to moderate crepitation. The treating physician recommended a left total knee replacement. The treating physician requested Xarelto 10mg for deep vein thrombosis prophylaxis, six home therapy visits, and twelve post-operative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six home therapy visits: Upheld

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

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

Decision rationale: Regarding the request for home therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 24 total PT sessions after total knee arthroplasty, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there documentation suggests that the total knee arthroplasty has not been authorized as of yet. As such, postoperative therapy is not indicated. In the absence of clarity regarding the above issues, the current request for home therapy is not medically necessary.