

Case Number:	CM15-0065953		
Date Assigned:	04/13/2015	Date of Injury:	06/08/2011
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
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, 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 (IW) is a 50-year-old male who sustained an industrial injury on 06/08/2011 due to a fall. Diagnoses include right knee arthritis. Treatment to date has included medications, physical therapy, viscosupplementation injections, knee brace and surgeries. Diagnostics included x-rays, MRI and MRA. According to the Initial Orthopedic Exam dated 2/4/15, the IW reported bilateral knee pain, right worse than left. Due to failure of conservative treatment and several arthroscopic surgeries, total knee replacement was recommended. A request was made for physical therapy two times weekly for eight weeks for post-operative right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: MTUS 2009 recommends up to 24 sessions of physical therapy after a total knee arthroplasty. Therefore, 16 sessions of physical therapy fits within the 24 sessions recommended by MTUS 2009. If total hip arthroplasty were to be performed, this request for 16 sessions of post-operative PT adheres to MTUS 2009. However, there is no indication that a total hip arthroplasty has been approved or will be done. Therefore, this request for PT is not medically necessary since surgery is not scheduled or approved.