

Case Number:	CM15-0067888		
Date Assigned:	04/15/2015	Date of Injury:	03/10/1999
Decision Date:	05/14/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/09/2015

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 66 year old male, who sustained an industrial injury on March 10, 1999. The injured worker has been treated for back and knee complaints. The diagnoses have included rule out lumbar radiculopathy, left knee arthritis, left knee degenerative joint disease and obesity. Treatment to date has included medications, radiological studies, physical therapy, Euflexxa injections to the left knee, a lumbar fusion and a right knee total knee arthroplasty with revision. Current documentation dated February 20, 2015 notes that the injured worker was status post a right knee revision and reported bilateral knee pain. Physical examination revealed bilateral knee tenderness. The treating physician's plan of care included a request for additional physical therapy treatments # 8 to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Op Physical Therapy 2 Times Per Week for 4 Weeks Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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. The worker has had more than the recommended treatment to date and the visit of 2/20/15 does not demonstrate any continued functional improvement from the most recent therapies such as a decreased medication need or increased work capacity. Therefore, the treatments are not medically necessary.