MAXIMUS Federal Services

| Case Number: | CM15-0072020 | | |
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| Date Assigned: | 04/22/2015 | Date of Injury: | 08/13/2009 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

## 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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 male who sustained a work related injury to the right knee, right lower extremity, and stomach, left hip, and psyche, August 13, 2009. According to a primary treating physician's progress report, dated March 9, 2015, the injured worker presented with complaints of severe limiting pain of the right knee, with numbness, tingling, swelling, catching, popping, clicking and locking, and giving way with falls most recently in June, 2014. He walks with a limp, rises with pain and or difficulty and uses a cane. An x-ray of the right knee, dated March 9, 2015, revealed complete loss of articular clear space with bone loss medial, subchondral changes including cysts and/or sclerosis and osteophytes but no fracture, dislocation and patella well seated. Diagnoses included; osteoarthritis of knee and knee pain. Treatment plan included right total knee arthroscopy, post-operative physical therapy, 7-10 days in a rehabilitation facility, and medications. The physician also documented that due to an increased blood pressure the injured worker was told to stop all non-steroidal anti-inflammatory medications and contact primary care physician immediately.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative inpatient rehabilitation for the right knee for seven days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Milliman Guidelines, 13th Edition, 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** Guidelines recommend 6-12 days of inpatient rehabilitation as an option, depending on the degree of functional limitation, skill needs, ability to participate, and continued progress with rehabilitation in the acute stay post op. In this case, the medical records do not document medical issues that would require inpatient rehabilitation versus transitioning to a home rehabilitation program. The request for post-operative physical therapy for seven days is not medically appropriate and necessary.