

Case Number:	CM14-0149671		
Date Assigned:	09/18/2014	Date of Injury:	05/05/2013
Decision Date:	10/21/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 60-year-old gentleman who sustained an injury to his right knee on 05/05/13. The medical records provided for review documented that conservative care did not provide any significant benefit and the claimant ultimately underwent right knee arthroscopy and partial medial meniscectomy on 10/18/13. Postoperatively, the claimant continued to experience pain that was attributed to degenerative arthritis. The report of long bone radiographs dated 6/16/14 demonstrated medial joint space narrowing of the right knee and mild joint space narrowing on the left consistent with the claimant's presentation. The progress report dated 08/25/14 revealed continued right knee pain and examination showed positive crepitation, tenderness both medially and laterally, a mild flexion contracture and diminished quadriceps strength. Conservative care has included an unloader brace, physical therapy, medication management, injections of viscosupplementation and corticosteroids and activity modification. Due to the claimant's underlying diagnosis of degenerative joint disease and failed conservative care, arthroplasty was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3x/wk x 4 wks right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for right total knee arthroplasty is not recommended as medically necessary. Therefore, the request for twelve sessions of postoperative physical therapy is also not recommended as medically necessary.