

<b>Case Number:</b>	CM13-0012671		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 61-year-old male who reported an injury on 12/06/2007. The mechanism of injury was not provided for review. The injured worker ultimately underwent a left total knee replacement followed by postsurgical physical therapy. The patient was evaluated on 07/10/2013. It was documented that the injured worker had continued left knee pain and that the injured worker felt that physical therapy was increasing his pain. Physical findings at that appointment included decreased range of motion of the left knee described as 60 degrees in flexion and negative 5 degrees in extension with tenderness and pain to palpation of the left knee. The injured worker's diagnoses included status post left knee replacement and osteoarthritis of the knee. A treatment recommendation was made for daily physical therapy for 6 weeks to treat the patient more aggressively as he was regressing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX WEEKS OF DAILY PHYSICAL THERAPY, FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

**Decision rationale:** The California MTUS guidelines recommends up to 24 visits of physical therapy after total knee replacement. The clinical documentation submitted for review does indicate that the injured worker has previously participated in physical therapy without any significant benefit. It is noted in the injured worker's evaluation from 07/10/2013 that the injured worker is resistant to participation in physical therapy. The patient has already participated in physical therapy without any functional benefit. Additionally, it is noted that the injured worker is not willing and motivated to participate in additional therapy. Therefore, there is no justification to continue therapy. Additionally, the request as it is submitted does not provide an adequate time period for reassessment and evaluation. There are no exceptional factors noted within the documentation to support extending treatment for 6 weeks. The request for 6 weeks of daily physical therapy for the left knee is not medically necessary and appropriate.