

<b>Case Number:</b>	CM13-0013451		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 Patient reported a date of injury of 01/30/2012. The patient is status post right meniscus repair (06/01/2012) and right total knee replacement (04/23/2013). According to the report, dated 07/29/2013 by [REDACTED], patient reports progressive resolution of pain and swelling post TKR. On examination, right knee Range of Motion (ROM) shows extension of -2 and flexion of 125 degrees. [REDACTED] requests continued supervised PT for endurance and proprioception type training. UR denied request for additional 12 PT visits on 08/14/2013. [REDACTED] submitted another RFA on 08/19/2013 for 6 PT sessions; UR partially certified that request on 08/26/2013 for 4 PT visits. Records show patient received 2 of the 4 visits on 09/04/2013 and 09/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request is for post-op physical therapy 3 x 4 right knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Total Knee Replacement.

**Decision rationale:** Patient is status post right meniscus repair (06/01/2012) and right total knee replacement (04/23/2013). Post surgery progress reports show patient to be progressing well in regards to pain and swelling. Patient received 12 post op physical therapy sessions between 04/30/2013 and 07/03/2013. Patient showed progression in her PT sessions and was certified additional 8 sessions, which were received between 07/08/2013 to 08/04/2013. MTUS guidelines recommend postsurgical treatment of 24 visits over 10 weeks. This patient has already had 20 post-surgery physical therapy sessions. Although [REDACTED] states that the patient is improving and requests additional supervised PT for endurance and proprioception training, he does not indicate why the patient would not be able to now transition into a self-directed home program. Recommendation is for denial.