

<b>Case Number:</b>	CM13-0018636		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	07/12/2005
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 62-year-old female who reported an injury on 07/12/2005. The mechanism of injury was not stated. Current diagnosis is osteoarthritis of the left knee. The injured worker was evaluated on 01/21/2014. The injured worker reported persistent left knee symptoms with activity limitation. Physical examination revealed tenderness at the anteromedial joint line, 3-110 degree range of motion, negative instability, 5/5 motor strength, and intact sensation. Treatment recommendations included continuation of a rehabilitation program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Post-op Physical Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker is pending knee replacement surgery. California MTUS Guidelines allow for one half of the

number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Post-surgical treatment following a knee replacement includes 24 visits over 10 weeks. However, there is no indication that the recommended surgical procedure has been authorized. Therefore, post-operative physical therapy cannot be determined as medically necessary at this time. The current request does not include a specific body part. Therefore, the request is also not medically appropriate. As such, the request is not medically necessary.