

<b>Case Number:</b>	CM13-0020961		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/19/2000
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 and 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 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 patient is a 45-year-old with an injury date of 05/19/2000. Based on the 06/25/2013 progress report provided by [REDACTED], the diagnosis is right knee lateral compartment osteoarthritis status post partial knee resurfacing. An exam on 06/25/2013 showed "all incisions on right knee healed. Mild tenderness to palpation over medial joint line. No peripatellar tenderness. Posterior aspect of knee shows popliteal cyst decreased in size, nontender. Full active range of motion." [REDACTED] is requesting additional physical therapy two (2) times per week for four (4) weeks for the treatment of the right knee, according a prescription dated 07/22/2013. The utilization review determination being challenged is dated 08/30/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 04/02/2013 to 06/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2 TIMES PER WK FOR 4 WEEKS FOR THE RIGHT KNEE PER RX 07/22/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** This patient presents with tightness in right knee above superior pole of patella, and occasional pain in medial aspect of knee and is status post total knee arthroplasty from 12/27/2012. On 6/25/2013, the treater has asked for additional physical therapy two (2) times per week for four (4) weeks for the treatment of the right knee. According to the 07/09/2013 report, the patient has had twenty-four (24) sessions of physical therapy (PT) between 01/03/2013 and 07/09/2013. The patient is doing home exercise regimen and is back to work without restrictions as of 06/25/2013. The request for authorization (RFA) and included progress report do not state the reason for the additional therapy request. For arthroplasty, the Postsurgical Treatment Guidelines recommend twenty-four (24) visits of physical therapy over ten (10) weeks within four (4) months of surgery, but this patient is outside of post-operative time-frame. In this case, the patient has full range of motion of the knee and has transitioned to a home exercise regimen. The treater does not explain why this patient requires additional formalized therapy, when the patient has returned to work and has full range of motion (ROM). It would appear that the patient should be able to do necessary home exercises. The request is not medically necessary.