

<b>Case Number:</b>	CM13-0022269		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 is a 65-year-old male who reported a work-related injury on 02/08/2011; specific mechanism of injury was not stated. The patient subsequently is status post a left total knee replacement as of 02/2013. The patient has attended 28+ physical therapy treatments postoperatively. The clinical note dated 08/27/2013 reports the patient was seen under the care of [REDACTED]. The provider documents range of motion of the left knee was at 0 degrees to 90 degrees. The patient was advised to continue with therapy at 12 sessions 2 times a week for 6 weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Knee and Leg Procedure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The current request is not supported. California MTUS, Clean Copy Postsurgical Treatment Guidelines support 24 visits over 10 weeks of postsurgical treatment

subsequent to a knee arthroplasty. The clinical documentation submitted for review evidences the patient has plateaued with supervised therapeutic interventions. The patient's range of motion values have not increased above 90 degrees with multiple sessions of physical therapy postoperatively. In addition, the clinical notes do not indicate the patient has utilized an independent home exercise program to support progress that may have been made while utilizing supervised therapy. At this point in the patient's treatment status post over 28 sessions of postoperative physical therapy with lack of documented significant objective efficacy noted, the request for continued physical therapy 12 sessions is not medically necessary or appropriate