

<b>Case Number:</b>	CM13-0035653		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 is a 55-year-old female with date of injury 9/17/10. The request for physical therapy 3x6 left knee was denied by UR on 10/2/13. The rationale for the denial was based on lack of medical necessity. This patient is s/p left knee surgery (partial arthroplasty) on 5/29/13. A hand written PR-2 dated 7/11/13 from [REDACTED] indicates the patient is six weeks status post left knee surgery and is feeling better, finished PT, but patient feels that she needs more. Complains of pain with walking still using one crutch, ROM 80 - 100, continue PT to work on strengthening and ROM. PT notes indicate that the patient received 12 sessions from 6/11/14 to 7/16/14. The 7/16/13 physical therapy report indicates the patient has improved with care left knee flexion is to 120°, deconditioning and muscle weakness is noted affecting the left leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 6 weeks on left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The patient presents with continued left knee pain following a left knee partial arthroplasty surgery that was performed on 5/29/13. Multiple reports were reviewed from her surgeon, pain management physician and physical therapist. The reports range from 2/26/13 through 9/11/13. These notes show that the patient received 12 postsurgical physical therapy visits between 6/11/13 and 7/16/13. The MTUS guidelines for postsurgical knee treatment for physical therapy following arthroplasty is 24 visits over 10 weeks. The patient has completed 12 visits and only 12 more sessions would be appropriate. The requested 18 sessions would exceed 24 sessions allowed for this condition per MTUS guidelines. Recommendation is for denial of the request for 18 sessions of therapy.