

<b>Case Number:</b>	CM13-0038548		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/13/2001
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 60-year-old male who sustained an injury to both knees on 9/13/01. He had multiple surgeries of the left knee and because of chronic recurrent infection wound up with an above-the-knee amputation and uses prosthesis to ambulate. The right knee had a total knee arthroplasty done on 5/14/13. A request is made for 12 additional sessions of physical therapy. The patient has already completed 30 sessions of physical therapy post total knee arthroplasty. A note by the provider on 10/8/13 states that the right total knee replacement is doing okay. It is a bit swollen and moderately sore from doing most of the work for his lower extremities with ambulatory activity. Additional physical therapy as requested to strengthen his knee and improve his gait pattern in both of his lower extremities to prevent fall and further damage to his joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE RIGHT KNEE:** 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:** The postsurgical guidelines recommend 24 visits over 10 weeks for patients having total knee arthroplasty. However, this patient has the additional complication of having to use an above knee artificial limb prosthesis on the opposite leg. This may require additional physical therapy as ambulating with an above-knee amputation is difficult but in order to approve additional physical therapy functional improvement has to be documented. There is no documentation of the patient's quadriceps strength, gait analysis while using his prosthesis, or range of motion of the right knee to justify the increased physical therapy. In addition, it is expected that the patient participate in an active home exercise program to complement his supervised physical therapy. There is no documentation of such a program and the progress the patient is making. Therefore the request for additional physical therapy has not certified.