

<b>Case Number:</b>	CM13-0047634		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/22/1998
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 62-year-old female who reported a work related injury on 05/22/1998, specific mechanism of injury not stated. The patient is status post right total knee replacement as of 09/07/2012, and as of 06/28/2013 left total knee replacement. The clinical notes document the patient has utilized over 24 sessions of postoperative physical therapy for the left knee. The clinical notes document the patient utilizes Duragesic patch in conjunction with Norco. The provider documented exam of the left knee revealed tenderness upon palpation. Flexion was noted to be at 90 degrees, extension was noted to be at -21 degrees. The provider documented abnormal physical findings and pain complaints, which were inconsistent with distraction, chronic synovial swelling was observed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy two (2) times a week for four (4) weeks for the left knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The clinical documentation submitted for review lacks evidence to support the request for continued physical therapy to the patient's left knee. The provider documents the

patient does present with continued deficits about the left knee as far as range of motion and motor strength. However, the clinical notes evidence the patient has attended over 24 sessions of physical therapy postoperatively for the left knee. California MTUS indicates postsurgical treatment secondary to arthroplasty is 24 visits over 10 weeks. It is unclear why at this point in the patient's treatment, utilization of an independent home exercise program has not been implemented and successful for increasing the patient's range of motion and decreasing her pain complaints. Given all of the above, the request for outpatient physical therapy two (2) times a week for four (4) weeks for the left knee is not medically necessary or appropriate.