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| <b>Case Number:</b>   | CM13-0054319 |                              |            |
| <b>Date Assigned:</b> | 04/11/2014   | <b>Date of Injury:</b>       | 10/07/2011 |
| <b>Decision Date:</b> | 05/23/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2013 |

### 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 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 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 injured worker is a 55-year-old male who reported an injury on 10/07/2011. The injured worker reportedly twisted his knee after tripping in the parking lot. The current diagnoses include osteoarthritis of the lower leg and pain in a joint of the lower leg. The injured worker was evaluated on 09/27/2013. The injured worker has been previously treated with Supartz injections, aspiration, and cortisone injection. Physical examination on that date revealed 1 to 2+ swelling, limited range of motion, patellofemoral crepitation, tenderness about the femoral condyles medially and laterally, and negative instability. The treatment recommendations at that time included a total knee arthroplasty. A request for authorization was then submitted on 10/03/2013 for a total knee arthroplasty with postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT KNEE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 & 24-25.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a knee arthroplasty includes 24 visits over 10 weeks. While the injured worker may meet criteria for 12 sessions of postoperative physical therapy following a left total knee arthroplasty, there is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request is also not medically necessary.