

<b>Case Number:</b>	CM13-0057198		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/16/2006
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine and Rehabilitation 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 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 patient has submitted a claim for right knee osteoarthritis and degenerative joint disease, status post a right total knee replacement associated with an industrial injury on April 15, 2006. The treatment to date includes oral analgesics, right total knee replacement, home exercise program, and physical therapy. The proposed right knee surgery (right knee manipulation under anesthesia with adhesiolysis) has not been certified. The medical records from 2013 were reviewed and showed persistent low back pain rated 6/10, with numbness and tingling sensation to the right lower extremity and right knee pain rated 6/10. The latest physical examination of the right knee revealed hard end felt at the end of flexion. The right knee range of motion was 89 degrees flexion and 0 degrees extension. The motor strength of hip flexion, knee extension, great toe extension, foot eversion, and knee flexion was 4/5. The right knee pain affects the activities of daily living (ADLs) with clicking, popping, locking and giving away sensation and increased pain with weight bearing activities. The medications include tramadol, Relafen, and Prilosec. The duration, frequency of use, and response to medications were not mentioned. The patient was status post a total right knee replacement on December 28, 2012. A progress report dated January 10, 2013, indicated a request to start physical therapy. The patient has completed twelve (12) sessions of post operative physical therapy from March 12, 2013, to April 9, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTOPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR SIX (6) WEEKS FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 25.

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

**Decision rationale:** The Postsurgical Treatment Guidelines recommend up to twenty (20) post-operative physical therapy visits for patients who underwent manipulation of the knee under anesthesia and continued treatment, with documented objective evidence of derived functional benefit. In this case, the patient was status post total replacement of the right knee. Manipulation of the right knee with adhesiolysis was contemplated, however, it was not certified by the Claims Administrator. Therefore, the request for post-operative physical therapy twice a week for six (6) weeks for the right knee is not medically necessary.