

<b>Case Number:</b>	CM13-0063023		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/22/2008
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 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 is a 62-year-old claimant with a date of injury of July 22, 2008. The medical records provided for review indicated that the claimant is status post total knee replacement on June 10, 2013. He has been treated with thirty-six (36) post-operative physical therapy visits and is at five months post-operative, range of motion was only 10 - 90 degrees. Additional physical therapy twice weekly for six weeks was requested in order to help avoid manipulation of the knee under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIME PER WEEK FOR SIX (6) FOR RIGHT KNEE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Physical Medicine Guidelines; and the ODG Knee and Leg.

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

**Decision rationale:** The California MTUS Post-Surgical Rehabilitative Guidelines recommend physical therapy for twenty-four (24) visits over ten (10) weeks following a total knee arthroplasty. This claimant has been in therapy for thirty-six (36) visits total. This far exceeds the

amount of therapy as recommended by the Post-Surgical Rehabilitative Guidelines. For the reasons stated above, the request cannot be certified.