

<b>Case Number:</b>	CM13-0064494		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/30/2008
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 injured worker is a 64-year-old female who reported an injury on 12/30/2008. The mechanism of injury was not stated. Current diagnoses include degenerative arthritis of the left knee and status post right knee replacement. The injured worker was evaluated on 11/11/2013. The injured worker reported persistent 8/10 left knee pain. Physical examination revealed medial sided pain and crepitation with motion, slight pseudolaxity to valgus stress, patellofemoral joint pain and crepitation, and 0 to 125 degree range of motion. Treatment recommendations at that time included a left total knee arthroplasty with preoperative medical clearance, a 3 night hospital stay, and postoperative physical therapy 3 times per week for 3 weeks as well as outpatient therapy 3 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHTEEN (18) POSTOPERATIVE PHYSICAL THERAPY VISITS FOR THE LEFT KNEE, THREE (3) TIMES WEEK FOR SIX (6) WEEKS:** Upheld

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

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

**Decision rationale:** The 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 arthroplasty of the knee includes 24 visits over 10 weeks. Therefore, the current request for 18 postoperative physical therapy sessions exceeds guideline recommendations. There is also no indication that this injured worker's surgical procedure has been authorized. Based on the clinical information received the request is not medically necessary.