

<b>Case Number:</b>	CM13-0065943		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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:

This is a 58-year-old gentleman injured on 01/04/12 on a work-related accident. Clinical records pertaining to the claimant's right knee documented that he underwent on 09/10/13 a right knee unicompartmental arthroplasty performed by [REDACTED]. Postoperatively, the claimant was noted to have attended 12 sessions of formal physical therapy. The 11/21/13 physical therapy report documented the claimant's range of motion as 10 to 80 degrees. At that time, the request was made for 18 additional sessions of formal physical therapy in the post arthroplasty setting. The additional clinical records are silent regarding the specific clinical request in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR SIX (6) WEEKS FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines do not support the role of 18 additional sessions of physical therapy. While it is noted that the claimant has already undergone 12 sessions of postoperative therapy, the Postsurgical Rehabilitative

Guidelines recommend up to 24 in the postoperative setting. While the most recent therapy reports documents decreased range of motion, this request for 18 additional sessions of therapy would exceed the guideline recommendation. There is no documentation to support that the claimant would be an exception to the recommended guidelines.