

<b>Case Number:</b>	CM13-0066557		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	11/22/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventative Medicine, and is licensed to practice in Hawaii. 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 physician 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 57 year old male with a date of injury of 11/9/13. Medical documents indicate that the patient complains of bilateral knee pain (left greater than right), difficulty with stairs, and insomnia. Prior treatments include left knee cortisone injection, Synvisc injections, TENS unit treatment, unloader brace, walking cane, physical therapy, acupuncture, activity modification, NSAIDs, analgesic medications (Vicodin, Naprosyn), and bilateral knee arthroscopic surgery (1994). Objective findings include tenderness, crepitus, and pain with range of motion throughout. X-rays reveal moderately severe decrease in medial greater than lateral joint space, and femoral tibial articulation with moderate amount of hypertrophic spurs. The attending physician has requested for total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physiotherapy twice a week for twelve weeks:** Upheld

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

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

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines states that postsurgical knee physiotherapy is recommended due to positive limited evidence. As with any treatment, if there

is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The number of physical therapy sessions range from 12-24. Guidelines further detail that an initial course of treatment should be 50% of the recommended number. A reevaluation can be performed at this time to modify the treatment course. Post-surgical physical therapy is medically necessary, but a full course of 24 sessions is not, at this time. As such, the request is not medically necessary.