

<b>Case Number:</b>	CM13-0068856		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/07/2001
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 60 year-old male with a date of injury of 10/07/2001. The listed diagnosis per [REDACTED] is bilateral total knee arthroplasties on 04/08/2013. According to report dated 11/06/2013, the patient presents for a follow up regarding her bilateral knees. Patient has just finished her 18 post operative physic therapy sessions and still has some weakness and occasional pain. Examination of the bilateral knees showed mild swelling and positive impingement noted anteriorly. Range of motion is from 0 to 110 degrees. Treater is requesting additional 12 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy; 12 Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** This patient is status post total knee arthroplasties dated 04/08/2013. The treater is requesting 12 additional physical therapy sessions. From the date of treater's request,

the patient was 7 months out from her total knee arthroplasties. Therefore, post surgical guidelines are not applied. For physical medicine, the MTUS guidelines recommend for myalgia and myositis, 9-10 visits over 8 weeks. In this case, the patient received 18 post operative physical therapy sessions from 04/09/2013 and 09/06/2013. The treater does not provide any discussions as to why the patient requires such extension therapy in addition to the already received 18 sessions. No current functional status is discussed and how the patient has responded to therapy so far. It would appear that the patient should be able to transition into a home exercise program. Furthermore, even if post-op guidelines are used the requested 12sessions plus 18 received so far would exceed 24 recommended following arthroplasty. Recommendation is for denial.