

<b>Case Number:</b>	CM13-0072661		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for left knee pain associated with an industrial injury date of May 8, 2013. Treatment to date has included total knee replacement (August 22, 2013), physical therapy, neoprene knee brace, home exercise program, and medications which include Ibuprofen, and Vicodin. Medical records from 2013 were reviewed the latest of which dated December 18, 2013, revealed that the patient is doing better with extension. The requests for dynasplint and additional physical therapy sessions were denied. The patient stated the he would like to go back to work part time. On examination of the left knee, range of motion was 5 to 125 degrees with moderate effusion. There is 10 degrees valgus alignment. Quadriceps muscle strength was 4+/5. Utilization review from December 23, 2013 denied the request for physical therapy once a week for one week for the left knee because the number of completed visits and the objective response of the patient to the most recent sessions were not mentioned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY ONCE A WEEK FOR ONE WEEK FOR THE LEFT KNEE:**

Upheld

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

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

**Decision rationale:** The MTUS Post-Surgical Treatment Guidelines, states frequency of physical therapy visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Postsurgical treatment of knee arthroplasty should include 24 visits over 10 weeks and postsurgical physical medicine treatment period within 4 months. In this case, there is no documentation of the number of visits and functional improvement with the previous physical therapy sessions. The advantage of additional supervised physical therapy over home exercise program is unclear. Also, the recommended period of 4 months for postsurgical physical medicine has elapsed. Therefore, the request for physical therapy once a week for one week for the left knee is not medically necessary.