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| <b>Case Number:</b>   | CM14-0002751 |                              |            |
| <b>Date Assigned:</b> | 04/04/2014   | <b>Date of Injury:</b>       | 10/12/2007 |
| <b>Decision Date:</b> | 05/12/2014   | <b>UR Denial Date:</b>       | 12/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2014 |

### 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 Geriatrics and is licensed to practice in New York. 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 reported a date of injury of 10/12/07. She is status post right total knee arthroplasty in 3/13 and completed 48 sessions of physical therapy. She was seen by her orthopedic physician on 12/2/13 in follow up. She continued to note improvement and was receiving physical therapy and exercising in a pool. Her pain was 3/10 and intermittent. Her physical exam showed knee range of motion from 0 to 110 degrees with 5/5 quadriceps strength and 5-/5 hamstring strength. Her calf compartment was soft and non-tender. The physician requested an additional 12 sessions of physical therapy for strength and range of motion improvements. They are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR 12 ADDITIONAL SESSIONS OF PHYSICAL THERAPY:** Upheld

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

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

**Decision rationale:** The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used for 48 sessions as a

modality and a self-directed home exercise program should be in place. Her pain is minimal, range of motion to 110 degrees and her strength good. The records do not support the medical necessity for 12 physical therapy visits in this individual after right total knee arthroplasty.