

<b>Case Number:</b>	CM14-0006721		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/21/2004
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 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 52-year-old female associate sustained an industrial injury on 10/21/04, due to prolonged standing at work. The 8/6/13 treating physician report documented right knee x-ray findings of severe narrowing in the medial compartment with preservation of the lateral compartment and patellofemoral joint. The treatment plan included right partial knee replacement, followed by a left total knee replacement. The patient underwent right partial knee replacement, medial compartment, on 10/23/13. Five home health physical therapy visits were provided. Out-patient physical therapy was prescribed for 8 visits on 11/4/13. The 11/25/13 treating physician report indicated that the patient was doing well and using a cane only getting in and out of a car. She was sleeping fairly well and doing out-patient physical therapy. Objective findings documented straight leg alignment, soft tissue swelling but no effusion, range of motion 0-120 degrees with no laxity or tenderness, and incision well-healed. X-rays demonstrated excellent position of the right medial compartment prosthesis in good alignment with no signs of subsidence or loosening. The treatment plan recommended continued strengthening and ice therapy. Eight additional physical therapy visits were prescribed on 12/4/13. The 12/30/13 progress report noted the right knee was asymptomatic but slightly warm. The right knee was in straight alignment with no laxity. There was full range of motion and no tenderness. The patient walked with a slight limp on the left side with the left knee in slight varus with swelling and increased warmth. The treatment plan recommended continued ice therapy and strengthening. Left total knee replacement was to be scheduled. Eight additional physical therapy visits were prescribed on 12/30/13. The 1/10/14 utilization review denied the request for 8 additional physical therapy visits as the number of completed post-operative physical therapy visits was not documented, there was no evidence of significant functional improvement from the previous physical therapy, and there was no rationale as to why an independent exercise program was insufficient.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 POST-OPERATIVE PHYSICAL THERAPY VISITS 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 MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ARTHROPLASTY, 24

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This patient had completed at least 21 sessions of post-operative physical therapy for the right partial knee replacement. The treatment plan recommended additional supervised physical therapy for strengthening. There is no documentation of a functional strength loss. The right knee was reported doing well. The medical necessity of additional supervised physical therapy versus continued home exercise was not documented. Therefore, this request for 8 post-operative physical therapy visits for the right knee is not medically necessary.