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| <b>Case Number:</b>   | CM14-0104509 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 06/09/2007 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 06/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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:

The claimant is a 55-year-old female injured on June 9, 2007. The clinical records available for review document a right knee injury and a diagnosis of status post right total knee Arthroplasty, performed on September 12, 2013. The notes state that the claimant underwent more than 24 sessions of post-operative physical therapy. At a May 28, 2014, follow-up visit, physical examination showed 0 to 130 degrees range of motion with no indication of abnormality. The knee was noted to be in good overall alignment. Based on continued complaints, this request is for 18 additional sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to right knee 3 times weekly for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99, Postsurgical Treatment Guidelines.

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

**Decision rationale:** Based on California MTUS ACOEM Postsurgical Rehabilitative Guidelines, 18 additional sessions of physical therapy would not be indicated. The Post-Surgical Guidelines provide for 24 sessions of physical therapy over 10 weeks in the four-month post-operative period. The claimant has already completed at least 24 sessions of physical therapy since the

time of September 2013 Arthroplasty. A current clinical assessment indicates motion to 130 degrees and no indication of abnormality. The reviewed records provide no rationale as to why the claimant could not advance to an aggressive home-exercise program. Given the time interval since surgery and the fact that the claimant has already exceeded the Post-Surgical Guidelines maximum, the request for 18 additional sessions of physical therapy would not be established as medically necessary.