

<b>Case Number:</b>	CM14-0105010		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Occupational Medicine, 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 is a 63-year-old male with a 9/12/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/10/14, the patient is status post right total knee arthroplasty on 4/21/14. He reported that he was doing okay and that his knee was stiff in extension. The provider has recommended that the patient continue physical therapy twice a week for the next month. Objective findings: limited ROM of right knee, no other abnormal findings. Diagnostic impression: status post right total knee arthroplasty on 4/21/14. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 6/20/14 modified the request for physical therapy for the right knee from 8 sessions to 4 sessions. Given the information received, including a history of recent right knee surgery with residual though improving knee pain and decreased range of motion, and referencing an undocumented number of post-operative physical therapy visits, the patient has already attended, this request is modified to physical therapy 2 times a week for 2 weeks right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice a week for 4 weeks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. Guidelines support up to 24 visits over 10 weeks for postsurgical treatment of knee arthroplasty. It is noted that the patient has already completed prior physical therapy sessions. However, it is unclear how many sessions he has previously completed. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Therefore, the request for Physical Therapy twice a week for 4 weeks for the right knee was not medically necessary.