

<b>Case Number:</b>	CM14-0105164		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 52-year-old male with a date of injury of 08/30/2012. The listed diagnoses per [REDACTED] are: 1. Status post left knee arthroscopy and debridement. 2. Worsening left knee pain. 3. Osteoarthritis of the left knee. According to progress report 05/23/2014 by [REDACTED] the patient presents with pain in his left knee and leg. He describes his left knee pain an 8/10 with frequent radiation into the legs and frequent giving out. He has taken Motrin as needed and reports an improvement of pain level with this medication. Examination of the left knee revealed range of motion on flexion 220 degrees and extension to 0 degrees. There was tenderness noted over the medial lateral joint lines. Patellofemoral grind test was positive. Muscle strength was 5/5 in quadriceps and hamstring. Treater states the patient presents with significant and worsening symptomatology of the left knee. He references a previous MRI, which revealed presence of occult tearing of the medial meniscus as well as significant posttraumatic osteoarthritis of the left knee. The patient has failed conservative care including PT, medication, activity restrictions, and series of injections and the treater is requesting authorization for total left knee arthroplasty, preoperative clearance and postoperative therapy 2 times a week for 6 weeks. This is a review for post op therapy only. Utilization review denied the request on 06/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy to left knee times 12 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee (MTUS post-surgical Page(s): p 24,25).

**Decision rationale:** The surgery in question has not been deemed medically necessary due to lacking pieces of information. The 12 visits requested would represent of the usual therapy and would be appropriate if surgery was indicated. For postoperative physical therapy following an arthroplasty, MTUS Guidelines recommends 24 visits over 10 weeks. In this case, the medical file and utilization report indicates the requested arthroplasty has not yet been approved. The request is not medically necessary.