

<b>Case Number:</b>	CM14-0109266		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	09/20/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 & 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 63-year-old male with a date of injury of 01/30/2013. The listed diagnoses per [REDACTED] are: 1. End-stage degenerative joint disease, right knee. 2. Marked obesity. 3. Borderline hypertension. 4. Hepatitis by history. According to progress report 06/30/2014, the patient is status post total knee arthroplasty on 03/05/2014. Examination revealed active range of motion is -4 to 134 and strength is 3+ to 4-. Treating physician noted "excellent stability." The treating physician is requesting additional physical therapy 2 times a week for 4 weeks for the right knee and gym facility access for 3 months. Utilization review denied the request on 07/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times per week for 4 Weeks right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter.

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

**Decision rationale:** The MTUS Guidelines page 24 and 25 recommends for post-surgical treatment after meniscectomy 12 visits over 12 weeks. Review of physical therapy progress reports from 04/21/2014 through 06/25/2014 indicates patient received initial 8 physical therapy sessions and another course of 6 totaling of 14 postop sessions. The treating physician is requesting additional 8 sessions to continue working on range of motion strengthening. Utilization review denied the request stating patient has received "a very comprehensive course of supervised rehab postop." In this case, the treating physician is requesting for additional 8 sessions with the 14 already received, exceeds what is recommended by MTUS. Therefor the request is not medically necessary.

**Gym facility for 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Gym membership (knee), (shoulder), low back chapter.

**Decision rationale:** ODG Guidelines only allow in cases where it documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Review of physical therapy progress reports from 04/21/2014 through 06/25/2014 indicates patient received initial 8 physical therapy sessions and another course of 6 totaling of 14 postop sessions. The treating physician is now requesting gym facility membership for 3 months. In this case, the treating physician does not discuss what equipment is to be utilized and how the patient will be monitored. Therefor the request is not medically necessary.