

<b>Case Number:</b>	CM14-0017210		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 53-year-old female who sustained a left knee injury on September 15, 2008. Records indicate that, based on a diagnosis of post-traumatic osteoarthritis, she underwent left total knee arthroplasty on June 12, 2013, that was complicated by postoperative foot drop from peroneal nerve palsy. Records document more than 27 sessions of postoperative physical therapy to date; recent clinical assessment shows range of motion from 0 to 130 degrees with no instability. The claimant continues to be treated neurologically for foot drop. A January 17, 2014, physical examination also showed weakness at the toe and ankle with dorsiflexion and mildly diminished sensation. Reviewed at that time was a recent EMG report that showed improving peroneal nerve palsy. Radiographs showed a well-aligned left total knee. This request is for 12 additional sessions of physical therapy specifically for the claimant's left knee in the postoperative course of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY 2X6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

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

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines would not support further physical therapy. Records indicate this individual has already undergone more than 27 sessions of therapy since the time of surgery. The most recent clinical assessment, dated January 2014, showed 0 to 130 degrees range of motion and no instability. While the claimant continues to be treated for improving symptoms regarding a foot drop, there would be no indication that further physical therapy would be needed for the claimant's knee, for which she has full function and already exceeded guideline criteria relating to postoperative physical therapy visits. This request would not be medically necessary.