

<b>Case Number:</b>	CM14-0018215		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/16/2006
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Mississippi. 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 records presented for review indicate this 61 year-old male was reportedly injured on 9/16/2006. The mechanism of injury is not listed. The claimant is status post removal of right knee hardware on 8/23/2013 followed by 2nd stage re-implantation arthroplasty on 10/3/2013 due to chronically infected hardware from a previous right knee arthroplasty in June 2012. After surgery, physical therapy was initiated. The most recent progress note dated 4/29/2014, indicates he has knee stiffness with quadriceps atrophy and weakness. Physical examination demonstrated a wound documented as clean, dry and intact: stable varus and valgus stress. 3: stable anterior and posterior stress; range of motion 5-100 without crepitus; tenderness in and around the quadriceps tendon; full active straight leg raise test; and quadriceps atrophy. Plain radiographs taken at the office on 3/19/2014 showed hardware intact without signs of loosening or signs of wear. A request had been made for additional physical therapy 2 to 3 times a week for six weeks for the right knee and was partially certified for six physical therapy sessions in the prior utilization determination on 2/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2-3X6 TO THE RIGHT KNEE:** Upheld

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

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

**Decision rationale:** CA MTUS guidelines support post-surgical physical medicine treatment after knee arthroplasty and allows up to 24 visits over 10 weeks. At the time of this request, the claimant was approximate 6 months status post revision knee arthroplasty and had undergone 32 sessions of physical therapy. Given his history of a chronic right knee infection, multiple surgeries and initial progress with therapy, he may benefit additional physical therapy; however, the number of visits is unclear in the guidelines. Additional clinical documentation showing an increase in function and strength would support additional visits. At this time, the request is not considered medically necessary.