

<b>Case Number:</b>	CM14-0116744		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Forensic Psychology, 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:

62 yr. old female claimant sustained a work injury on 5/18/09 involving the right knee. She had severe degenerative disease of the right knee and underwent total knee replacement in 3/28/14. A progress note on 4/2/14 indicated the claimant had been taking Tramadol for pain. She had reduced strength in the right knee, reduced range of motion and guarded gait. The treating physician requested physical therapy for 12 sessions to assess with gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 to the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines Physical Medicine and pg 98-99 Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, physical therapy is recommended for up to 10 sessions over 8 weeks for myositis and myalgia like symptoms. Or 10 sessions over 4 weeks for neuralgia. It is recommended over a tapering frequency to advance to a home-based program. The request for 12 sessions exceeds the amount recommended. According to the ACOEM guidelines, therapy is recommended for short-postoperative period for ACL repair.

Therapy is recommended for education and counseling to perform at home. The request for 12 sessions of physical therapy is not medically necessary.