

<b>Case Number:</b>	CM14-0125498		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 70-year-old male with a date of injury of September 19, 2012. The patient has chronic right knee pain. He's diagnosed with knee osteoarthritis. Physical exam shows tenderness of the right knee. The patient had right total knee replacement. The patient has had multiple visits of postoperative physical therapy. There is documented minor decrease of leg strength and minor decreased range of motion. The patient has had almost 24 sessions of postoperative physical therapy. At issue is whether additional physical therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks, right knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee pain chapter

**Decision rationale:** MTUS postsurgical treatment guidelines authorize 24 visits over 10 weeks for knee arthroplasty. This patient is early maximized physical therapy after knee arthroplasty surgery. There is documented improvement in physical function and knee range of motion and strength. The patient should be transitioned to a home exercise program at this time. The need

for additional formal physical therapy has not been established. Criteria for additional formal physical therapy have not been met.