

<b>Case Number:</b>	CM14-0138540		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/30/1999
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 and 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 70 year old male with an injury date of 03/30/99. Based on the utilization review letter, the patient complains of mild right knee pain. He has patellar tendon pain and his knees are giving out. The patient has positive crepitation, mild warmth, and swelling. Patellar tendonitis and mild weakness in the quadriceps are noted as well. The patient had a post right total knee replacement on 09/23/13. The patient's diagnoses include the following: 1.s/p total knee replacement right 2.s/p total knee replacement left The utilization review determination being challenged is dated 08/25/14. Treatment reports were provided from 03/06/14 and 08/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Bilateral Knees x 8:** Overturned

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

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

**Decision rationale:** According to the utilization review letter, the patient complains of mild right knee pain. He has patellar tendon pain and his knees are giving out. The request is for 8 sessions

of physical therapy for bilateral knees. The patient had a right total knee replacement on 09/23/13 and had 8 sessions of physical therapy up to 12/06/13. MTUS guidelines recommends 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient had surgery 11 months prior to the utilization review date and the 8 requested sessions of physical therapy is within MTUS guidelines. The request is medically necessary.