

<b>Case Number:</b>	CM14-0165097		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Orthopaedic Surgery and is licensed to practice in Texas. 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 injured worker is a 29 year old male with a date of injury on 8/20/2012. A twisting injury was sustained to the left knee when he fell off a pallet. He underwent left knee arthroscopy partial medial meniscectomy and chondroplasty on 1/21/2013. The 8/27/2014 treating physician report cited subjective complaints of grade 9/10 bilateral knee pain with pins and needles sensation. An AME (agreed medical evaluation) recommendation for left knee hemiarthroplasty was noted. He was not attending physical therapy and was not working. Physical exam documented height 6'1" and weight 280 pounds. Left knee exam documented antalgic gait, normal patellar tracking, and negative patellar grind. There was tenderness over the hamstring and medial/lateral knee. Swelling was present. Grind maneuver and McMurray's sign were positive medially. Range of motion was 0-120 degrees and strength was normal. The diagnosis was left knee medial arthrosis following arthroscopy and compensatory right knee strain. The treatment plan requested authorization for a left knee hemiarthroplasty with co-surgeon, durable medical equipment and post-op physical therapy. The September 23, 2014 utilization review denied the request for post-op physical therapy as the associated surgical procedure was non-certified based on age and body mass index greater than 35.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this injured worker would be reasonable within the Medical Treatment Utilization Schedule recommendations if the surgery is approved. However, this request is for an unknown amount of treatment which is not consistent with guidelines. Therefore, this request is not medically necessary.