

<b>Case Number:</b>	CM14-0174160		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	07/31/1993
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Arizona. 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:

This is a 56-year-old male who sustained an injury on 7/31/1993. On 12/2/2013 he underwent a left knee arthroscopy, partial meniscectomy, and chondroplasty of the groove. On 2/10/2014 he underwent a unicompartmental left knee arthroplasty. The progress note of 9/25/2014 states the left knee pain as decreased. The patient is using a hinged brace and has increased range of motion and strength but occasional grinding. He has a range of motion of 0-120 and good stability. A request is made for an additional 6 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post operative physical therapy QTY: 6:** Upheld

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

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

**Decision rationale:** CA MTUS guidelines recommend 24 visits over 10 weeks for an arthroplasty of the knee. In the records, there is approval for 3 courses of physical therapy, two for 6 weeks and one for 8 weeks starting on 5/12/2014. There is no documentation of how much therapy the patient had prior to this. There is no indication of what functional improvement the patient demonstrated or how he progressed with physical therapy. There is also no indication

that the patient is on an active, self directed, home based program of physical therapy. Therefore, for the above reasons, the medical necessity for additional physical therapy has not been demonstrated. The request is not medically necessary.