

<b>Case Number:</b>	CM14-0182521		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/24/2005
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Minnesota. 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 68 year old male with advanced osteoarthritis of the left knee. He has been certified for a total knee arthroplasty. The disputed issues include a request for 24 post-operative physical therapy visits and a request for a left knee brace. The physical therapy request was modified by UR to an initial course of 12 visits with a possible subsequent course depending upon evidence of functional improvement. The request for the knee brace was non-certified for lack of a specific indication. No additional rationale is submitted for the knee brace. The request does not specify the type of brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(24) post-operative physical therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 24.

**Decision rationale:** California MTUS post-surgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The post-surgical physical medicine treatment period is 4 months. The guidelines recommend an initial course of 12 visits. With documentation of functional improvement a subsequent course of therapy may be prescribed within the parameters

mentioned above. If it is determined that additional functional improvement can be achieved it can be continued but not after 4 months from the date of surgery. The request for 24 visits exceeds the initial course of 12 visits recommended per evidence-based guidelines. Therefore, this request is not medically necessary.

**(1) Left knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** The California MTUS guidelines recommend use of knee braces for specific conditions that result in instability such as patellofemoral malalignment, anterior cruciate ligament tear, or varus-valgus instability. The post-operative use of a knee brace after a total knee arthroplasty is not indicated. Therefore, this request is not medically necessary.