

<b>Case Number:</b>	CM14-0022849		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/02/2004
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Mississippi. 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 records presented for review indicate that this 63-year-old male was reportedly injured on 11/2/2004. The mechanism of injury was noted as a fall. The most recent progress note, dated 2/25/2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated left knee range of motion 10 degrees of extension to 95 of flexion. No recent diagnostic studies were available for review. Previous treatment included previous surgery, DonJoy bracing, physical therapy, medications, and conservative treatment. A request had been made for physical therapy left knee #12 sessions and was not certified in the pre-authorization process on 1/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY LEFT KNEE X 12 SESSIONS.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to postsurgical treatment guidelines, postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks, postsurgical physical medicine treatment period 4 months is recommended. According to the documentation, the injured worker has attended 24 postoperative sessions of physical therapy. It was noted the left knee range of motion was 10-95.

After completion of 24 postoperative physical therapy sessions, there was no indication as to why continued physical therapy is required for this patient. At this point in time after surgery, the patient should be able to continue exercises at home. Recommendation for additional visits of physical therapy is deemed not medically necessary.