

<b>Case Number:</b>	CM14-0024411		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/21/2009
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Orthopedic 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 46-year-old male with a reported injury on 05/21/2009. The mechanism of injury was described as stepping in an unforeseen hole causing knee pain. The clinical note dated 02/17/2014 reported that the injured worker complained of bilateral knee pain. The physical examination of the injured worker's bilateral knees revealed tenderness over the lateral aspect of the right knee, as well as medial and lateral of the left knee. It was reported in the supine position; both knees demonstrated 4 degrees of valgus alignment measured with a long arm goniometer. The range of motion of the injured worker's right knee demonstrated flexion to 118 degrees and extension to -5 degrees; left knee demonstrated flexion to 95 degrees and extension to -5 degrees. The injured worker's prescribed medication list included Vicodin. The injured worker's diagnoses included total knee arthroplasty, right knee on 12/17/2012 and total knee arthroplasty, left knee on 06/24/2013. The provider requested postoperative physical therapy due to the injured worker's pending surgical procedure. The request for authorization was submitted 02/18/2014. The injured worker's prior treatments include physical therapy and psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST OPERATIVE PHYSICAL THERAPY 3 TIMES WEEKLY FOR 4 WEEKS:**

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:** The request for postoperative physical therapy 3 times weekly for 4 weeks is not medically necessary. The injured worker complained of bilateral knee pain. The treating physician's rationale for postoperative physical therapy is due to the injured worker's pending surgical procedure. The California MTUS Guidelines state that controversy exists around the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. Within the provided documentation, an adequate and complete postoperative assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant postoperative functional deficits. Given the information provided, there is insufficient evidence to determine appropriateness of postoperative physical therapy to warrant medical necessity; as such, the request is not medically necessary.