

<b>Case Number:</b>	CM14-0026910		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/05/2001
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Family Medicine 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:

The patient is a 66-year-old female with a date of injury on 06/05/2001. Diagnoses include right knee internal derangement, traumatic osteoarthritis, knee sprain, and chondromalacia patella. Subjective complaints are of continued right knee pain with instability. Her pain was rated 7/10. Physical exam shows tenderness at the right knee joint line, positive patellar compression test, and pain with terminal flexion with crepitus. The treatment plan was for a right knee arthroplasty and post-operative physical therapy. The submitted request is for 24 weekly post-operative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP THERAPY ONE TIME A WEEK FOR 24 WEEKS RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

**Decision rationale:** Postsurgical guidelines indicate that 24 visits over 10 weeks are recommended after knee arthroplasty. For this patient, the request is for 24 sessions once a week. This requested frequency of sessions would extend therapy for over 6 months. The

request 24 sessions over 24 weeks exceeds the timeframe recommended by physical therapy guidelines, and therefore, the request is not medically necessary.