

<b>Case Number:</b>	CM14-0028201		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 New York. 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 65-year-old female with the date of injury 23 January 2009. She tripped and fell at work. The patient reported injuring her knees, hands and the bottom of her lip. The patient was reported to have failed conservative management for the pain and also had Synvisc injections without relief. The patient had bilateral total knee replacements. She had 18 physical therapy visits completed which documented almost complete full extension. Flexion was documents 120°. The patient was noted to have improved gait. Active range of motion of the knee was noted to be 2-120°. To date 28 postoperative visits had been completed. At issue is whether additional physical therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUT PATIENT POST-OPERATIVE PHYSICAL THERAPY, 6 SESSIONS, FOR THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The medical records indicate that the patient has a very good range of knee motion from 5° to 120°. The medical records also indicated the patient has an improved gait. Additional physical therapy visits exceed the MTUS Chronic Pain Guidelines' recommendations. The patient does have evidence of functional improvement and an active range of motion which is near normal. There is no established medical necessity for additional physical therapy visits. The request is therefore not medically necessary and appropriate.