

<b>Case Number:</b>	CM14-0030418		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/27/2006
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60 year old male with reported injury on 07/27/2006. The mechanism of injury was not provided. The injured worker had an exam on 02/03/2014 with complaints of continued knee aches. There was not a medication list provided. The findings of the exam were left effusion and medial compartment clicking with medial collateral ligament soreness. His diagnosis was status post total knee replacement, medial ligament laxity. The recommend treatment plan was to continue effector patches, use elastic sleeve support, and pending insert revision and ligament rebalance of collateral ligament. There was no mention of post-op physical therapy in his notes. The request for authorization was signed on 02/10/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Post-operative Physical Therapy sessions 3 times a week for 6 weeks for the left knee:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,25.

**Decision rationale:** The injured worker's last available exam was very vague regarding symptoms, previous treatment, pain assessments and evaluations. There was a lack of functional deficit provided. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend that the initial course of therapy one half of the number of visits specified in the general course of therapy for the specific surgery. The examination of the injured worker was unclear as to the specific knee surgery. The guidelines do recommend postsurgical treatment for anterior cruciate ligament repair 24 visits over 16 weeks, which allows 12 visits. The request for 18 post-op visits are over the recommended amount, therefore the request is not medically necessary and appropriate.