

<b>Case Number:</b>	CM14-0030763		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 California. 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 claimant is a 61-year-old gentleman who was injured in a work related accident on August 14, 2008. Medical records specific to the claimant's left knee, identify that the claimant underwent a unicompartmental arthroplasty on June 6, 2013. Postoperative clinical records indicate the claimant underwent twelve home health physical therapy sessions followed by twenty-four outpatient physical therapy sessions. The clinical assessment on February 12, 2014 with treating surgeon, the provider noted continued calf and knee complaints. Formal physical examination findings were not documented. The provider recommended twelve additional sessions of formal physical therapy for continued treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST OP PHYSICAL THERAPY TO THE LEFT KNEE, 12 SESSIONS:** Upheld

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

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

**Decision rationale:** Based on California MTUS Post-surgical Rehabilitative Guidelines, twelve additional sessions of physical therapy for this individual cannot be supported. The claimant is now greater than six months following the unicompartmental arthroplasty and has had thirty-six

total sessions of physical therapy to date. The medical records do not identify any indication for the twelve additional sessions of therapy which exceeds the Post-surgical Rehabilitative Guidelines that recommends no more than twenty-four visits over a ten week period of time. As such, the request for post-op physical therapy to the left knee, 12 sessions is not certified.