

<b>Case Number:</b>	CM14-0035648		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/23/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 and Rehabilitation 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:

This is a male patient with the date of injury of July 23, 2009. A Progress Report dated February 6, 2014 identifies Subjective Complaints of doing extremely well. Objective Findings identify complete extension, flexion 110-115 degrees. Impression identifies status post two stage explant total knee replacement, doing well, improving. Plan identifies continue physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy extension x 12 more visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

**Decision rationale:** Regarding the request for physical therapy (PT) extension times 12 more visits, California MTUS Post-Surgical Treatment Guidelines recommend up to 24 total PT sessions after total knee arthroplasty, with half that amount recommended initially. Within the documentation available for review, the number of prior visits completed is unknown. There is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective

deficits. In the absence of such documentation, the current request for physical therapy extension times 12 more visits is not medically necessary.