

<b>Case Number:</b>	CM14-0038486		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 59 year old who was injured in a work related accident on 09/29/10. The clinical records provided for review document an injury to the right knee which subsequently required right total joint arthroplasty on 10/21/13. The records also note that the claimant required post-operative manipulation under anesthesia on 12/20/13. Post operatively, the claimant has attended greater than twenty-four sessions of physical therapy. The follow up report of 03/11/14 showed improvement with motion but still lacking from 5 - 80 degrees. There was a request for eight additional sessions of the physical therapy for the claimant's right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week, times 4 weeks to right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** Based on California MTUS Post Surgical Rehabilitative Guidelines, the request for an additional eight sessions of physical therapy to the right knee is not necessary. At time of clinical request, the claimant was greater than six months following time of knee replacement procedure and had already undergone twenty-four sessions of post operative

physical therapy following a manipulation under anesthesia. While the claimant's motion continues to be limited, there would be no indication as to why transition to a home exercise program could not occur. The request for additional formal physical therapy at this stage is not medically necessary.