

<b>Case Number:</b>	CM14-0040395		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/12/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Orthopaedic Surgery and is licensed to practice in Montana. 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 62 year old male who sustained an industrial injury to the left knee on 9/12/06 when he fell in a pond where he was cutting weeds and struck his knees while trying to crawl up the bank to escape the water. He is currently diagnosed with severe osteoarthritis of the knees. A left total knee arthroplasty has been recommended as the patient has tricompartmental osteoarthritis with bone on bone changes of the medial compartment. The request is for postoperative physical therapy, 3 x 4, for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks for the Left Knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical medicine treatment.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend up to 24 physical therapy sessions over 10 weeks following total knee arthroplasty. This is the same as the Official Disability Guidelines recommendations. The American College of Occupational and

Environmental Medicine guidelines recommend postoperative physical therapy following total knee arthroplasty, but does not specify the number of postoperative visits, stating only that 2-3 visits over week are to be recommended at the outset with the patient transitioned to a home exercise program as soon as able. As postoperative physical therapy and the requested number of postoperative visits are within the Chronic Pain Medical Treatment Guidelines, Official Disability Guidelines, and American College of Occupational and Environmental Medicine parameters, the requested 12 physical therapy visits, 3 x 4, are recommended for certification. Physical therapy was previously denied as the index procedure; left total knee arthroplasty had been denied. As the index procedure is now approved, the patient will require postoperative physical therapy as recommended above.