

<b>Case Number:</b>	CM14-0044680		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/20/1998
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year-old male with the date of injury of 05/20/1998. The patient presents with pain in his right knee. The patient walks with an antalgic gait. The patient underwent right knee arthroscopy on 11/05/1998. According to [REDACTED] report on 01/22/2014, diagnostic impression is degenerative arthritis right knee- severe. The utilization review determination being challenged is dated on 03/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/28/2013 to 01/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post - op Physical Therapy 3X week for 6 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, post surgical treatment.

