

<b>Case Number:</b>	CM14-0047376		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/13/2003
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Surgeon and is licensed to practice in Texas and Colorado. 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 55-year-old female who reported an injury on 04/13/2003. The mechanism of injury was not documented. The injured worker's prior treatments included physical therapy, occupational therapy, medication management, and injections. Her diagnosis was noted to be right total knee arthroplasty with subsequent manipulation under anesthesia. A physical examination on 05/07/2014 indicated the injured worker continued to have stiffness after short period of inactivity with pain across the entire front of her knee joint. She used a CPM 6 hours a day plus overnight and physical therapy. The assessment included continued knee stiffness noted, with limited passive range of motion past 90 degrees. Right knee flexion was 75 degrees with a goal of 100 degrees, knee extension was -8 degrees, and quad strength was -3/5. The injured worker was unable to walk without significant pain for 10 to 15 minutes. The Request for Authorization for medical treatment was not submitted with this review. The provider's rationale for the requested therapy was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 5 times a week for 6 weeks to the right knee:** Upheld

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

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

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines indicate functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short term, but not long term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercises programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty reduced mean hospital length of stay from 8.8 days before implementation to 4.3 days after implantation. The guidelines indicate for postsurgical treatment of arthroplasty, knee: 24 visits over 10 weeks. The treatment period is for 4 months. It is not identified how many physical therapy and occupational therapy visits the injured worker has had postop from right knee arthroplasty. The request for physical therapy postop 5 times a week for 6 weeks would be in excess of the allowed visits per the guidelines for postoperative physical therapy. The documentation fails to provide an adequate assessment of the injured worker's pain, nor does the assessment provide a significant amount of data to indicate functional deficits. Because there was previous treatment, the evaluation fails to indicate any objective functional improvement from prior therapy. Therefore, the request for postop physical therapy 5 times a week for 6 weeks to the knee is not medically necessary.