

<b>Case Number:</b>	CM14-0053859		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Occupational Medicine 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 was injured on 03/31/03. Additional physical therapy for the right knee is under review. He has attended past physical therapy. On 02/13/14, he complained of bilateral knee pain. He had a right knee polyethylene exchange on 08/20/13. He was using a walker to get around by himself. He was diagnosed with ankylosis with MUA of the right knee. Plan was for PT for full range of motion for both knees and weightbearing as tolerated. At the completion of therapy, he was expected to have reached permanent and stationary status. On 02/05/14, he was evaluated and his range of motion was improving with home exercises. He completed 17 of 18 prescribed PT visits on 02/24/14. He was status post total knee arthroplasty and manipulation. He was making good progress but still had decreased range of motion and weakness. He was using a cane and had foot drag. His initial evaluation occurred on 12/16/13. An additional 6 visits were recommended. On 03/06/14, he was seen in follow-up after increasing his methadone dose. He still had pain in his knee. The date of the MUA is unknown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Right Knee Two Times A Week For Six Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** The history and documentation do not objectively support the request for an additional 6 visits of PT at this time. The MTUS state "postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months; manipulation under anesthesia (knee) [DWC]: Postsurgical treatment: 20 visits over 4 months. Postsurgical physical medicine treatment period: 6 months."The claimant has attended PT for his knee for 17 visits as of 02/24/14. His arthroplasty occurred in August 2013. It is not clear when the MUA was done. His courses of care following the TKA which was a revision and following the MUA are unknown. A provider's note dated 02/05/14 stated his range of motion was improving with home exercises. The submitted clinical information does not support the request for additional PT under these circumstances. There are no clinical findings described in the right knee for which an additional course of PT appears to be indicated for an injury that occurred many years ago and following surgery that occurred over one year ago and MUA that likely occurred about one year ago. There is no evidence that the claimant is unable to complete his rehab with an independent HEP as he was previously doing or that he requires supervision to exercise his knee. The medical necessity of this therapy has not been clearly demonstrated.