

<b>Case Number:</b>	CM14-0054297		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/21/1989
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Pain Management 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:

This is a male patient with the date of injury of April 21, 1989. It is also noted that the patient is status post left total knee arthroplasty on October 29, 2013 and had a total of 24 post-operative physical therapy (PT) visits but has not improved and was transferred to another PT for another month and had a total of 21 additional post-operative PT visits. A PT progress note dated March 31, 2014 identifies the patient has been making very good progress with much improved tolerance to daily activities. He still has some limited extension. He was able to get to 5 degrees during JM exercises and 100 degrees flexion and slightly more during mobilization activities. Diagnoses identify status post left total knee arthroplasty and left knee pain. There is a PT prescription for continued care at a frequency of 3 times a week and duration of 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of continued physical therapy for the left knee (3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Knee & Leg Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 page 10.

**Decision rationale:** Regarding the request for 12 sessions of continued PT for the left knee 3 times a week for 4 weeks, the California MTUS Post-Surgical Treatment Guidelines recommend up to 24 total PT sessions after total knee arthroplasty, with half that amount recommended initially. Within the medical information made available for review, the patient has previously undergone at least 35 PT sessions with functional improvement; however, this exceeds guidelines recommendations. There is no indication as to why the patient has not yet progressed to an independent home exercise program to address any remaining functional deficits. In light of such issues, the current request for 12 sessions of continued PT for the left knee 3 times a week for 4 weeks is not medically necessary.