

<b>Case Number:</b>	CM14-0054873		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/08/2014
<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 Orthopaedic Surgery, 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 58-year-old female sustained an industrial injury on 3/10/11. Injury occurred when she stood from a chair and her knee locked up and she had severe pain. The patient underwent left knee arthroscopic with partial medial and lateral meniscectomy, chondroplasty and extensive debridement on 1/6/12 and left total knee arthroplasty on 2/4/14. The patient was authorized for 18 initial post-op physical therapy visits. The 3/20/14 treating physician report indicated that the patient was already quite a bit better than prior to surgery. She was working in physical therapy and moving along well. X-rays showed the total knee arthroplasty in place, well-aligned and well fixated. There was no evidence of loosening. Objective exam documented incisional and medial and lateral joint line tenderness. There was mild irritation with range of motion from 5 degrees to greater than 110 degrees. Full flexion was available to 130 degrees. Varus/valgus stress testing demonstrated minimal condylar lift off with slight clicking present. Anterior and posterior drawer signs demonstrated less than 3 mm of posterior excursion. The patella tracked centrally with minimal to mild effusion present. The patient was to continue physical therapy. The provider emphasized the need to continue to wean off Norco, as well as physical therapy. The 4/8/14 utilization review modified a request for 15 additional post-operative physical therapy sessions to 6 additional sessions consistent with the recommended general course. The 4/25/14 physical therapy progress report indicated the patient had completed 18 visits with significant reduction in pain, decreased localized swelling, and increased left knee mobility and strength. The patient felt competent to perform her exercises on an independent basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy post operative times six (6) sessions to the left 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 Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This patient did well in physical therapy following a total knee arthroplasty with increased range of motion and strength. The 4/8/14 utilization review modified a request for 15 additional visits and certified 6 consistent with guidelines, to a total of 24. The 4/25/14 physical therapy note indicated that the patient was ready for discharge to an independent home exercise program after 18 visits. There is no compelling reason to support the medical necessity of additional supervised physical therapy in the absence of a documented functional need. The patient was discharged to an independent home exercise program. Therefore, this request for outpatient post-op physical therapy times six (6) sessions to the left knee are not medically necessary.