

<b>Case Number:</b>	CM14-0056687		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 62-year-old male sustained an industrial injury on 4/1/09. Injury occurred when he tripped and fell while pushing a hand cart. The 4/2/14 left knee x-rays documented severe osteoarthritis. The 4/2/14 treating physician report cited constant severe left knee pain with limited and painful range of motion. Difficulty was noted in activities of daily living. The physical exam documented swelling, medial and lateral joint line tenderness, 0-90 degrees of motion, and crepitation. The diagnosis was knee osteoarthritis. The treatment plan recommended left total knee replacement and associated services. The request for acute rehabilitation, inpatient physical therapy for 1 week was modified to 5 days. Peer-to-peer documentation indicated that the treating physician was requesting 5 days of acute inpatient rehabilitation, following the 3 day inpatient stay for the certified total knee arthroplasty. The request for inpatient physical therapy services while in acute rehabilitation was modified accordingly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acute rehabilitation, Inpatient physical therapy for one (1) week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s):  
24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg,  
Skilled nursing facility (SNF) care.

**Decision rationale:** The California MTUS does not provide length of stay recommendations for inpatient rehabilitation. The ODG provide specific indications for inpatient rehabilitative care. The length of stay is recommended for 6 to 12 days in an inpatient rehabilitation for patients who have undergone total knee replacement and were hospitalized for at least 3 days. 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. The criteria for inpatient physical therapy rehabilitation have been met. The treating physician requested a 5 day inpatient rehabilitation stay and one week of physical therapy. The medical necessity of physical therapy beyond the inpatient rehab admission is not established. There is no compelling reason to support the medical necessity of inpatient rehab physical therapy beyond that already certified. Therefore, this request for acute rehabilitation, inpatient physical therapy for 1 week is not medically necessary.