

<b>Case Number:</b>	CM14-0065821		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 patient with a date of injury of 6/5/12. A utilization review determination dated 4/30/14 recommends non-certification of postoperative PT as the total knee replacement was not medically necessary. 4/2/14, 4/30/14, and 5/28/14 medical reports identify recommendations for total knee replacement on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op Physical Therapy 3 x a week for 6 weeks for the Right Knee:** 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): 10 AND 24.

**Decision rationale:** California MTUS supports up to 24 postoperative PT sessions for patients undergoing knee replacement, with half that amount recommended initially. Within the documentation available for review, it appears that the provider is recommending knee replacement, but there is no documentation of a recent or pending/authorized surgery. In light of the above issues, the currently request for Post op Physical Therapy 3x a week for 6 weeks for the Right Knee is not medically necessary.

