

<b>Case Number:</b>	CM14-0072412		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 7/24/11. A utilization review determination dated 4/21/14 recommends denial of Physical Therapy (PT). Total knee arthroplasty was performed on 12/14/13 and 12 PT sessions were authorized on 4/2/14. 3/28/14 medical report identifies right knee pain. On exam, there is swelling, tenderness to the popliteal region, and flexion to 95 degrees. X-rays show evidence of a well-placed prosthetic without signs of loosening. 12 PT sessions were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

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

**Decision rationale:** Regarding the request for physical therapy, CA MTUS supports up to 24 sessions after total knee arthroplasty, with half that amount recommended initially. Within the documentation available for review, there is noted to be an authorization for 12 Physical Therapy

(PT) sessions. There is no clear indication for 12 additional sessions before the patient's response to the initial sessions is known, as the need for additional PT depends in part on functional improvement from prior sessions and remaining functional deficits requiring additional formal PT rather than progression to independent home exercise. In light of the above issues, the currently requested physical therapy is not medically necessary.