

<b>Case Number:</b>	CM14-0077482		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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:

The injured worker is a 53-year-old male who reported an injury on 02/01/2008 due to a slip and fall. A total left knee replacement was performed on an unspecified date. On 05/01/2014, the physician diagnosed the injured worker with status post left total knee replacement and postoperative adhesions. The physician also noted a diagnosis of lumbar degenerative disc disease and left lower radiculitis. The physician examined the injured worker on 05/01/2014. The injured worker continued with anteromedial and lateral pain to the knee; the pain increased with weight bearing. There was a progressive decrease in range of motion due to pain. The injured worker was scheduled for manipulation to the left knee under anesthesia and arthroscopic lysis of adhesions. The physician noted left knee effusion, medial and lateral joint soreness, range of motion was 0 to 90 degrees bilaterally, there was no extension lag, and no ligament laxity. The neuromotor was intact, but sensation was diminished in the lateral calf and dorsal foot. There was a negative straight leg raise test. The injured worker was taking Flexeril 10 mg twice a day as needed for pain. No treatment plan was included. The physician was requesting therapeutic exercises, 18 physical therapy visits for the left knee, for strengthening of the muscle group after surgical intervention. The request for authorization was signed on 05/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic exercises, eighteen (18) physical therapy visits for the left 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): 24.

**Decision rationale:** The California MTUS Guidelines for postsurgical physical therapy to the knee recommends 12 visits over 12 weeks. Postsurgical physical medicine treatment can last for up to 6 months. In this case, this surgery has not been performed as the physician indicating they were awaiting authorization. The physician is requesting this treatment as soon as surgery is approved and performed. Given that there is no indication that the surgery has been authorized and scheduled, post-operative physical therapy would not be indicated. The request also would exceed MTUS guidelines. As such, the request for therapeutic exercises, eighteen (18) physical therapy visits for the left knee is not medically necessary and appropriate.