

<b>Case Number:</b>	CM14-0093932		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/09/2000
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Interventional Spine 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 patient is a 69-year-old male with a date of injury of 03/09/2000. The listed diagnoses per [REDACTED] are: Osteoarthritis of the knee; Lumbosacral spondylosis without myelopathy; Shoulder impingement; Aseptic necrosis of the bone; Hypertension; Diabetes; Generalized and unspecified atherosclerosis; and Cervical sprain. According to the progress report 05/12/2014, the patient presents with continued pain, restricted daily activity with functional limitations due to patient's low back and knee pain. This report provides no objective findings. The report 03/20/2014 indicates the patient continues with bilateral knee pain, neck pain, and right shoulder pain. Examination revealed tenderness of paravertebral muscles in the cervical and lumbar spine. There is limited motion with pain in the cervical spine. The left knee revealed a joint tenderness in the tricompartmental and right knee revealed antalgic gait and joint tenderness. The request for authorization from 05/16/2014 requests total knee replacement, pre-op clearance, and postoperative physical therapy 3 times 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x6 QTY: 18:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Knee Joint Replacement.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee (MTUS post-surgical p 24,25) Page(s): 24, 25.

**Decision rationale:** This patient presents with osteoarthritis. The provider has requested total knee replacement, pre-op clearance, and 18 post-op physical therapy sessions. The Utilization review approved the request for total knee replacement indicating patient has true articular damage and significant chondral defect surrounded by a small parameter of articular cartilage. The Postoperative physical therapy was modified from the requested 18 sessions to 12 sessions. The provider is requesting total 18 postoperative physical therapy sessions. For post operative physical medicine, the MTUS recommends for arthroplasty of the knee, 24 visits over 10 weeks. The requested knee replacement has been authorized and the requested 18 post op PT is within guidelines. Therefore, Physical Therapy 3x6 QTY: 18 is medically necessary.