

<b>Case Number:</b>	CM14-0095305		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 70-year-old male with a 9/19/12 date of injury, and right knee replacement on 2/14/14. At the time (6/9/14) of request for authorization for Physical Therapy for the Right Knee- 16 visits, there is documentation of subjective (right knee pain) and objective (tenderness to palpitation over the knee joint and decreased range of motion) findings, current diagnoses (osteoarthritis of the right knee and status post total knee replacement), and treatment to date (12 sessions of post op physical therapy and medications). Medical reports identify functional gain in strength, pain tolerance, increased knee range of motion, increase in walking distance, and taking medications sparingly as a result of previous physical therapy treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee- 16 visits:** 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): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical Therapy (PT)

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of the right knee and status post total knee replacement. In addition, there is documentation of 12 previous post-op physical therapy visits with functional benefit; an increase in activity tolerance; and a reduction in the use of medications as a result of previous physical therapy treatments. However, given that the requested 16 additional physical therapy treatments, in addition to the treatments already completed, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy for the Right Knee- 16 visits is not medically necessary.