

<b>Case Number:</b>	CM13-0002525		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/02/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on 9/02/2012. Diagnoses include degenerative arthritis, right knee status post total knee replacement with limited flexion and decreased strength. Treatment to date has included medications, injections, total right knee replacement and postoperative physical therapy. Per the Primary Treating Physician's Progress Report dated 8/21/2013, the injured worker reported limited strength and mobility of the right knee three months status post right knee replacement. Physical examination revealed a well-healed right knee incision with mild swelling and warmth, there is no erythema. Strength is 4/5 against flexion and extension. Range is today 3-110 degrees. No instability. Thigh and calf are nontender and soft. The plan of care included additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request is considered not medically necessary. As per MTUS guidelines, 24 sessions of postoperative physical therapy are recommended over 10 weeks, for a treatment period of 4 months. The patient has already had physical therapy but the records do not document how many sessions he has completed. He was documented to have progress and should be well versed in a home exercise program at this time. It has been more than 4 months since the surgery, therefore, the request is considered not medically necessary.