

<b>Case Number:</b>	CM14-0120388		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/04/2000
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. 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: California  
Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60-year-old male claimant with the recorded industrial injury of May 5, 2000. The patient is status post a right knee arthroscopy with partial medial meniscectomy and chondroplasty on May 31, 2000. MRI the right knee from June 20, 2014 demonstrates complex degenerative tearing of the medial meniscus with associated medial compartment arthrosis. Exam note June 23, 2014 demonstrates complaints of right knee pain. Exam demonstrates mild swelling with zero 200 range of motion and tenderness over the medial joint line. 5 out of 5 motor strength is noted with full range of motion of the right hip. Request includes a right total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE PHYSICAL THERAPY -3 TIMES A WEEK FOR 2 WEEKS-  
RIGHT KNEE:** 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:** Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend of the authorized visits initially therefore 12 visits are medically necessary. As the request is less than the 12 visits, the determination is for certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.