

<b>Case Number:</b>	CM14-0180087		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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:

63-year-old male with reported industrial injury of January 30, 2013. The claimant is status post total knee arthroplasty performed on 3/5/14. Objective findings from 10/9/14 demonstrate range of motion from 0-134. Knee muscle testing is noted to have 4+ over 5 hamstring strength and an extensor lag of 10. Exam notes demonstrate claimant has been provided with a 28 visits of postoperative physical therapy. The current request is for further visits to the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy for the right knee, 2 times a week for 4 weeks:**  
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 postsurgical treatment period of 4 months. In this case the claimant has performed 28 visits postoperatively. It is unclear why the claimant cannot begin a home based program. As the request exceeds the recommended 24 visits, the determination is for not medically necessary.

