

<b>Case Number:</b>	CM15-0008654		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/06/1989
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old female who reported an injury on 04/06/1989. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed as status post bilateral total knee arthroplasty secondary to osteoarthritis. The injured worker was evaluated for rehabilitation on 12/04/2014. The injured worker reported 4/10 pain and interference with physical activity and sleep. Upon examination, the injured worker was able to transfer from sitting to standing position with modified independence. The injured worker was able to ambulate independently for 500 feet. There was 108 degrees flexion with 3 degrees extension and 4+/5 weakness. Recommendations at that time included physical therapy 2 to 3 times per week for 12 weeks. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the knee and lower leg, #56 (7x8): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 10 and 24..

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. According to the documentation provided, the injured worker was status post bilateral knee arthroplasty. The California MTUS Guidelines recommend postsurgical treatment following an arthroplasty with a frequency of 24 visits over 10 weeks. The current request for 56 sessions of physical therapy for the knee and lower leg greatly exceeds guideline recommendations. Therefore, the request is not medically appropriate at this time.