

<b>Case Number:</b>	CM15-0009747		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 61-year-old male who reported injury on 10/17/2011. The mechanism of injury was the injured worker stepped off a pallet and the supervisor was mechanically closing a door and crushed the injured worker's leg. The injured worker underwent x-rays and MRI. The injured worker underwent a right knee arthroscopic surgery in 02/2013 and a left knee total arthroplasty. The documentation of 11/06/2014 revealed the injured worker had a moderate patellofemoral joint crepitation, tender medial joint line and positive Apley's and McMurray's test. The diagnosis was degenerative arthritis right knee, status post knee arthroscopic surgery. The treatment plan included an ice machine, physical therapy x12, Norco and a CPM machine for range of motion along with the right total knee replacement. There was no Request for Authorization submitted for the requested treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op 12 sessions of Physical Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

**Decision rationale:** The California Medical Treatment Postsurgical Guidelines recommend 24 sessions for a post arthroplasty surgery and initial therapy should be half the recommended number of sessions, which would be 12. This request would be supported. However, the request as submitted failed to indicate the body part to be treated with the physical therapy. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this requested surgery. Given the above, the request for postoperative 12 sessions of physical therapy is not medically necessary.