

<b>Case Number:</b>	CM15-0147736		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 73 year old male, who sustained an industrial injury, July 22, 2003. The injured worker previously received the following treatments left knee x-rays, Norco, Percocet, Zanaflex, Prilosec, Lunesta, Tizanidine, Testosterone gel, Viagra, Colace, Amitriptyline, Ambien and home exercise program. The injured worker was diagnosed with left knee surgery, left lateral ankle pain, chronic right knee pain and left knee pain. According to progress note of April 20, 2015, the injured worker's chief complaint was left knee pain. The injured worker was having difficulties with weight bearing activities, standing and walking. The injured worker was ambulating with a cane. The injured worker was ready for a left knee replacement. The physical exam noted decreased range of motion of the left knee, extension of - 3 degrees and flexion of 105 degrees. There was mild swelling palpated about the left knee. There was decreased joint grinding of the left knee. The treatment plan included postoperative physical therapy of 18 sessions for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 physical therapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work-related injury in July 2003 and is being treated for left knee pain. Prior treatments have included medications, exercise, and a left knee replacement in 2004 with possible component loosening. When seen, there was decreased left knee range of motion with pain and grinding. There was mild swelling. The claimant was using a cane. He was becoming less functional and was ready for a knee replacement. Authorization for a left total knee replacement and post-operative physical therapy were requested. Guidelines address the role of therapy after knee arthroplasty with a postsurgical physical medicine treatment period of 6 months and up to 24 physical therapy visits over 10 weeks with a post-surgical treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits. In this case, the claimant has undergone this surgery before. The number of initial post-operative therapy treatments being requested is in excess of the guideline recommendation and is not considered medically necessary.