

<b>Case Number:</b>	CM15-0169103		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, Oregon, Washington  
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:

The injured worker was a 49 year old female, who sustained an industrial injury, June 21, 2012. According to progress note of June 29, 2015 the injured worker's chief complaint was left knee stiffness. The injured worker underwent a manual manipulation of the left knee with intra-articular injection to the left knee. The injured worker had 70 degrees flexion with full extension. The injured worker was diagnosed with left total knee arthroplasty on January 5, 2015, improved pain, status post urinary tract infection, impairment in self-care and mobility. The injured worker previously received the following treatments postoperative left knee x-ray which showed no increase of osteoarthritis or loose components, 12 sessions of physical therapy status post left knee arthroplasty, manual manipulation of the left knee on June 29, 2015 with intra-articular injection to the left knee; Norco and Aleve. The RFA (request for authorization) dated June 29, 2015; the following treatments were requested additional physical therapy, 12 sessions for the left knee. The UR (utilization review board) denied certification on August 24, 2015, for addition physical therapy of 12 sessions was there was no documentation indicating why the injured worker was unable to perform rehabilitation with a home exercise program. Therefore, additional physical therapy three times a week for the left knee was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, three times a week, for four weeks, for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s):  
Knee.

**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 visit initially therefore 12 visits are medically necessary. Date of surgery for the total knee arthroplasty is 1/5/15. As it has been over 4 months since this surgery no further physical therapy visits are necessary for the total knee arthroplasty, thus the determination is not medically necessary.