

<b>Case Number:</b>	CM15-0195479		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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

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 female, who sustained an industrial injury on 5-03-2010. The injured worker was diagnosed as having status post right total knee replacement and patella tendon tear right knee. Treatment to date has included diagnostics, right knee surgery (12-2013-operative report not included for any surgery), unspecified physical therapy, and medications. Several PR2 reports within the submitted medical records were handwritten and difficult to decipher, including the report dated 9-08-2015. Currently, the injured worker complains of pain. Objective findings included an antalgic gait and range of motion -5 to 95 (-10 to 90 on 6-15-2015). She remained off work. Current medication regimen was not noted. Multiple physical therapy progress notes were not dated and the number of sessions completed to date was not clear. Per the Request for Authorization dated 9-17-2015, the treatment plan included additional post-operative physical therapy for the right knee, 2x6, non-certified by Utilization Review on 9-23-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Operative Physical Therapy for the Right Knee 2x6: Upheld**

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

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

**Decision rationale:** Review indicates the patient is s/p right knee arthroscopy with lysis of adhesions, manipulation and TKA with at least 42 post-op PT visits for surgery on 8/19/14, over 14 months past. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support for additional 12 sessions for a total of at least 54 physical therapy visits. The patient's TKA is now over 14 months without documented post-op complications or functional benefit from PT rendered with the patient remaining off work. Further consideration of therapy is reasonable with documented functional benefit. The Additional Post-Operative Physical Therapy for the Right Knee 2x6 is not medically necessary and appropriate.