

<b>Case Number:</b>	CM15-0217844		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	11/27/2000
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 65-year-old male who sustained an industrial injury on 11/27/00. Injury occurred when his left knee "popped" against a baggage cart. He underwent left knee anterior cruciate ligament reconstruction in 2000. The 8/19/15 treating physician report cited left knee symptoms, including discomfort with every step and night pain. He limped regularly and was unable to walk or hike due to pain. Left knee exam documented antalgic gait, range of motion 0-120 degrees, medial joint line tenderness, and tibial femoral crepitation. Lachman exam was loose with a soft endpoint and mild varus laxity was noted. Conservative treatment had included injections, activity modification, and medications. X-rays were obtained and showed marked medial compartment degenerative change with bone-on-bone medial joint space loss and progression when compared to prior films in March 2014. He had greater lateral tibial subluxation and advanced lateral and patellofemoral arthritic changes as well. He underwent left total knee arthroplasty on 10/21/15. Authorization was requested for physical therapy 2-3 times a week for 6 weeks for the left knee. The 10/21/15 utilization review modified this request for 18 visits of physical therapy to 12 visits of physical therapy with treating physician agreement noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2-3 x a week for 6 weeks, left knee: 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:** The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 10/21/15 utilization review modified this request to 12 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.