

<b>Case Number:</b>	CM15-0219517		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, Hawaii  
 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 53 year old male, who sustained an industrial injury on 7-30-2002. The injured worker is undergoing treatment for left total knee arthroplasty on 6-30-2015 and pain in left knee. Medical records dated 9-14-2015 and 9-29-2015 indicate the injured worker on 9-14-2015 complains of left knee stiffness and painless popping and on 9-29-2015 rates pain 4 out of 10 and decreased with medication. He indicated he is weight bearing as tolerated and finishing his physical therapy. Physical exam dated 9-14-2015 notes wound is clean dry and intact, full range of motion (ROM), smooth gait, left quad is atrophied compared to the right. Exam on 9-24-2015 notes tenderness to palpation well healed scar, "good" range of motion (ROM), positive McMurray's, mild swelling and an antalgic gait. Treatment to date has included medication, physical therapy, rest and surgery. The original utilization review dated 10-15-2015 indicates the request for physical therapy of left knee X 12 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, left knee, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009, Section(s): Knee.

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

**Decision rationale:** The patient presents post left total knee arthroplasty dated 6/30/15. Recent complaints include pain in the left knee as well as stiffness and painless popping. The current request is for Physical therapy, left knee, 12 sessions. The treating physician states in the treating report dated 8/12/15 (137B), start outpatient PT 2x6. MTUS Post Surgical Treatment Guidelines state, Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months. The Post Surgical MTUS Guidelines recommend a total of 24 post surgical treatments over 16 weeks. In this case, the clinical reports provided did not specifically address the number of PT sessions the patient has or has not completed historically. Therefore, the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. The current request is not medically necessary.