

<b>Case Number:</b>	CM15-0031278		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 55 year old female, who sustained a work/ industrial injury on 6/5/12 due to falling from the stairs. She has reported symptoms of left knee and wrist pain. Prior medical history includes hypertension, peripheral vascular disease, arthritis, and asthma. The diagnoses have included wrist/hand sprain, spine/cervical sprain, spine/cervical radiculopathy, ankle/foot sprain-chronic. Treatments to date included steroid injections and medication. Diagnostics included an Magnetic Resonance Imaging (MRI) of the left knee dated 2/20/13 that reported advanced osteoarthritis with particular involvement of patellofemoral joint compartment, low grade anterior cruciate ligament tear, and anterior horn lateral meniscal tear. Medications included Prilosec, Verapamil, Niacin, Zofran, NitroDur Patch Albuterol, and Ibuprofen. The treating physician's report (PR-2) from 1/28/15 indicated the IW complained of left knee pain. There was request for total knee arthroplasty of the left knee. Examination noted osteoarthritic changes. A request was made for post operative physical therapy for post operative management. On 2/5/15, Utilization Review non-certified a Post-operative physical therapy 3 x week x 6 weeks left knee, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Postsurgical treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 3 x week x 6 weeks left knee:** Upheld

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

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

**Decision rationale:** The current request is for postoperative physical therapy for the knee. MTUS recommends up to 24 postoperative PT sessions following knee arthroplasty. However, per office notes total knee arthroplasty has been requested but not authorized. Because the requested surgery has not been certified, medical necessity is not established for postoperative physical therapy for the knee.