

<b>Case Number:</b>	CM15-0042859		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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:

The injured worker is a 56-year-old male with a date of injury of 10/19/10. Injury occurred when he was installing a countertop and felt a pop in his right knee. The patient underwent right total knee arthroplasty on 9/26/14, and right knee irrigation and debridement and primary wound closure on 11/30/14. The 10/14/14 treating physician report indicated that the patient would begin physical therapy the next week. Records documented 14 physical therapy visits from 11/24/14 to 1/7/15. The 1/27/15 treating physician report cited grade 3/10 knee pain, included with walking. The injured worker reported good progress with physical therapy and felt that he was gradually improving. His left ankle was problematic. It was very swollen and sometime he could not get the brace on. He doesn't walk without the ankle brace due to pain. Right knee exam documented 5/5 quadriceps and hamstring strength, range of motion 0-110 degrees, no instability, normal patellar tracking, and negative patellar grind. The patient has doing well since his right knee arthroplasty. Additional physical therapy was requested to improve strength and range of motion. The 2/11/15 utilization review modified the request for additional post-op physical therapy 3x4 for the right knee to additional physical therapy 2x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy 3 times a week for the right knee QTY: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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

**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. 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. There is no documentation in the records relative to the total amount of post-op physical therapy this patient has attended. Records indicated 14 visits were provided from 11/24/14 to 1/7/15. The 2/11/15 utilization review modified the request for 12 additional visits and certified 8 additional physical therapy visits. There is no compelling reason to support the medical necessity of additional supervised physical therapy beyond care already certified and an independent home exercise program. Therefore, this request is not medically necessary.