

<b>Case Number:</b>	CM15-0050529		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/18/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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:

This 60-year-old woman sustained an industrial injury on 2/8/2008. The mechanism of injury is not detailed. Diagnoses include left knee failed surgery and internal derangement of the right knee. Treatment has included oral medications. Physician notes dated 10/13/2014 show complaints of right shoulder and left knee pain rated 3-6/10. Recommendations include Naproxen, Norco, Omeprazole, and further surgical intervention to the left knee. She is s/p revision right knee arthroplasty on 12/19/14 followed by limited inpatient PT/OT sessions. She required incision and drainage of the right knee with quadricepsplasty and manipulation on 01/08/15. No postoperative therapy is documented following the most recent procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physiotherapy 3x Wk x 6 Wks for the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Injured worker is s/p revision TKA in December 2014. She has experienced a complicated postoperative course and has received minimal postoperative physical therapy. The requested 18 postoperative physical therapy sessions are reasonable and medically necessary.