

<b>Case Number:</b>	CM13-0038374		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 68-year-old female who reported an injury on 08/24/2012. The mechanism of injury included the patient tripping over an uneven floor and falling forward striking her head, left shoulder, and right knee against the floor. The patient was diagnosed with lumbar spine scoliosis, severely aggravated by the injury; cervical spine osteoarthritis, pre-existing that was aggravated by the injury; and right knee severe arthritis, pre-existing, that was aggravated by the injury. The patient continued to complain of knee pain, right arm pain, and low back pain. The patient rated her pain at 8/10 and constant to the right knee. The patient reported that the pain increased with walking or standing over 10 to 15 minutes, flexing and extending, climbing or descending stairs. The patient reported the knee also gives out easily. The physical examination of the right knee indicated palpatory pain, tenderness, grinding, and the use of a brace as well as the use of a cane for walking. The patient was also reported to have a limp without the cane. The patient has been recommended to undergo a total knee replacement. The patient had an MRI, undated, that indicated the patient had severe osteoarthritis in the lateral compartment of the right knee. The patient has been treated with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The CA MTUS Postsurgical Treatment Guidelines recommend postoperative physical therapy for arthroplasty of the knee at 24 visits over 10 weeks. The clinical documentation submitted for review does not meet the guideline recommendations. The patient continued to complain of pain to the knee. The physical examination revealed palpatory pain, tenderness, grinding, and the use of a brace as well as a cane. However, no clinical documentation was submitted indicating the patient actually had surgery to the knee. Given the lack of documentation to support guideline criteria, the request is non-certified.