

<b>Case Number:</b>	CM14-0122949		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert 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 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/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:

This is a 54-year-old female who was injured in a work-related accident on 8/16/11. The medical records provided for review noted right knee pain for which the claimant underwent knee arthroscopy in April 2012. The documentation indicated that intraoperative findings included meniscal tearing and advanced Grade IV degenerative changes of the medial compartment and patellofemoral compartment. As a result of failed postoperative conservative care and postoperative imaging demonstrating advanced osteoarthritis, the recommendation was made for total joint arthroplasty at the last clinical assessment on 7/15/14. The Utilization Review determination dated 07/25/14 did not authorize the total knee replacement. The Utilization Review determination of 07/29/14 did not authorize postoperative physical therapy. This is a request for physical therapy sessions for the knee times twelve for following joint arthroplasty procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Physical Therapy 12 Sessions (2 weekly for 6 weeks) Right Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter Updated 6/5/14

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

**Decision rationale:** This is a 54-year-old female who was injured in a work-related accident on 8/16/11. The medical records provided for review noted right knee pain for which the claimant underwent knee arthroscopy in April 2012. The documentation indicated that intraoperative findings included meniscal tearing and advanced Grade IV degenerative changes of the medial compartment and patellofemoral compartment. As a result of failed postoperative conservative care and postoperative imaging demonstrating advanced osteoarthritis, the recommendation was made for total joint arthroplasty at the last clinical assessment on 7/15/14. The Utilization Review determination dated 07/25/14 did not authorize the total knee replacement. The Utilization Review determination of 07/29/14 did not authorize postoperative physical therapy. This is a request for physical therapy sessions for the knee times twelve for following joint arthroplasty procedure.