

<b>Case Number:</b>	CM14-0124632		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 56 year old male who reported injury on 08/04/2011. The mechanism of injury was not provided. Diagnoses included end stage right knee osteoarthritis. The past treatments included physical therapy. An x-ray was noted to show good alignment of the femoral and tibial components and no evidence of loosening, migration, or subsidence. Surgical history noted right total knee replacement on 03/03/2014. A letter from the physician, dated 08/05/2014, was the only documentation provided for review. The letter stated the injured worker had right knee pain that is affecting his activities of daily living, was unable to sit stand or walk for long periods without significant pain and stiffness of the right knee, and had 0-100 degrees of flexion and extension with mild pain and moderate crepitus. Medications were not included. The treatment plan requested to continue physical therapy due to stiffness that is affecting his overall outcome. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post Operative Physical Therapy 2 Times Weekly For 6 Weeks:** Upheld

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

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

**Decision rationale:** The request for additional post-operative physical therapy 2 times weekly for 6 weeks is not medically necessary. The injured worker had a right total knee replacement on 03/03/2014. The California MTUS guidelines recommend physical therapy) to restore flexibility, strength, endurance, function, and range of motion. The guidelines recommend a total of 24 visits over 10 weeks for post-operative treatment of knee arthroplasty. An initial trial of half the number of total visits is recommended, then continue the therapy if there is documented functional improvement. The injured worker has surpassed the 6 month post-operative treatment period. There is no indication of the amount of physical therapy sessions the injured worker has completed. Objective functional limitations were noted; however, there was no documentation of the efficacy of the previous physical therapy to demonstrate the efficacy. Due to the lack of documentation of the efficacy of the previous physical therapy, the lack of documentation of the number of physical therapy visits the injured worker has had, and the time period indicating he would no longer meet the requirements for the post-operative treatment recommendations, an additional 12 sessions of physical therapy would be unsupported at this time. Therefore, the request is not medically necessary.