

<b>Case Number:</b>	CM14-0180678		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/06/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Family Practice and is licensed to practice in Ohio. 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's date of birth and date of injury are not given. One progress note and a previous utilization note are available for review. The injured worker had a revision total right knee arthroplasty on 6-5-2014. Per utilization review, the injured worker completed 30 post-operative physical therapy visits. On 9-5-2014 the injured worker complained of improved but still present right knee pain, left knee pain that was greater than the right, and right ankle pain. The physical exam revealed the right knee to be clean and dry with range of motion between 0-110 degrees. The right ankle was mildly swollen and tender in the bilateral gutters. The left knee revealed unchanged tenderness to the condyles. The diagnoses given that day were S/P right knee arthroplasty and an irritable right ankle. X-rays of the right knee and ankle were unremarkable. The plan was to continue weight bearing as tolerated, continue physical therapy and cryotherapy, and to return in 5 weeks for radiographs of both knees. At issue is a request for an additional 8 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for one month, 8 visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical medicine treatment

**Decision rationale:** The Official Disability Guidelines allow for 24 physical therapy visits over 10 weeks after a total knee replacement. There should be a gradual shift towards a home exercise program. If physical therapy seems to be needed in excess of recommended quantities, exceptional factors should be noted. In this instance, no physical therapy notes were included for review. The treating physician noted that the right knee was improving and did not comment as to why additional physical therapy would be beneficial. Therefore, an additional 8 physical therapy visits are not medically necessary.