

<b>Case Number:</b>	CM14-0210216		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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:

The request for the purchase of a cane is not medically necessary. The Official Disability Guidelines recommend walking aids for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Based on the documentation provided for review and the recent surgical procedure, the medical necessity for walking aids has been established. However, within the documentation provided for review, there is a lack of documentation to indicate the injured worker's concurrent authorization of 3 walking aids. Additionally, within the documentation provided for review, there was a lack of documentation regarding the injured worker's progress and functional status postsurgically. Therefore, the request for purchase of a cane is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2 times 6:** 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 postoperative physical therapy 2 times a week for 6 weeks is not medically necessary. The California MTUS state that there is controversy about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate, short term, but not long term, benefit. In the short term, therapy interventions with exercise based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. The guidelines recommend 12 visits over 12 weeks, with a maximum of 6 months of treatment. The submitted documentation did not indicate that the injured worker was scheduled or was going to undergo arthroscopic partial meniscectomy. It was noted that the provider was going to request authorization for the surgery; however, there was no indication of a scheduled date. Given the above, the request would not be indicated. As such, the request is not medically necessary.