

<b>Case Number:</b>	CM14-0212882		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Physical Medicine & Rehabn

### 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 44-year-old male with a date of injury of 08/13/2013. According to progress report dated 09/22/2014, the patient is scheduled for a total knee replacement of the right knee with [REDACTED]. Examination findings revealed crepitation and giving way. The patient was diagnosed with DJD of the right knee. According to progress report dated 11/03/2014, the patient has been scheduled for TKR of the right knee for 11/14/2014. Objective finding noted decreased range of motion and crepitation. The patient is to return to clinic in 6 weeks and is currently temporarily totally disabled. The progress reports provided for review are handwritten and limited in their discussions. This is a request for preop physical therapy 1 to 2 visits. The utilization review denied the request on 11/25/2014. Treatment reports from 03/17/2014 through 12/15/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Physical Therapy 1-2 visits ROM, Isometric, Exercise Training, GAIT and Transfers: Bed, chair, car:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with chronic right knee pain with decreased range of motion and crepitation. It was noted that the patient has been scheduled for a TKR of the right knee with [REDACTED]. The current request is for pre-op physical therapy 1-2 visits ROM, isometric, exercise training, gait, and transfers; bed, chair, car. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. The Guidelines do not discuss “pre-op physical therapy” sessions. The medical file provided for review does not include physical therapy treatment history. The utilization review denied the request stating that the patient has already been certified home physical therapy of 9 sessions and 12 sessions of outpatient physical therapy. Pre op physical therapy sessions are not indicated. There is no indication that patient has undergone the projected knee surgery and given this is a request for “pre-op physical” and the patient has already been authorized for 22 sessions, the requested additional 1 to 2 visits is not medically necessary.