

<b>Case Number:</b>	CM14-0218498		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	05/02/2001
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### 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 sixty-one year old male who sustained a work-related injury on May 2, 2001. A request for six sessions of physical therapy for the right knee was non-certified by Utilization Review (UR) on December 4, 2014. The UR physician utilized the California (CA) MTUS guidelines in the determination which indicate that 24 physical therapy visits is appropriate for the diagnosis of total knee replacement. The request exceeded the guideline recommendation and was noncertified. A request for Independent Medical Review (IMR) was initiated on December 30, 2014. The documentation submitted for IMR included medical reports from April 7, 2014 through November 25, 2014. On November 11, 2014 the evaluating physician noted that the injured worker's left knee was doing okay. He injured his right knee and may have broken some scar tissue loose. The evaluating physician noted that the injured worker was not provided with appropriate physical therapy post the last month of his rehabilitation and may have damaged the medial vastus medialis as well as medial collateral ligament of the knee itself. The evaluating physician requested physical therapy for deep tissue ultrasound and massage and see if the leg could quiet down for a least a few weeks. Physical therapy notes from July 9, 2014 through July 14, 2014 were included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Right Knee (2 times a week for 3 weeks): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10, 11.

**Decision rationale:** California MTUS postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The postsurgical physical medicine treatment period is 4 months. The initial course of therapy is 12 visits and with documentation of objective functional improvement a subsequent course of therapy of another 12 visits may be prescribed within the above parameters. The physical therapy may be continued if progressive objective functional improvement is documented and additional functional improvement is expected.. The documentation provided indicates that the date of surgery was 5/27/2014. On August 29, 2014 after completion of 22 visits the range of motion of the right knee was -3-99 active and 0-110 passive. An additional 2 visits were approved by utilization review with subsequent transition to a home exercise program after completion of 24 visits. The injured worker was familiar with the therapy program and had undergone a left total knee arthroplasty in the past. Therefore there was no reason why he could not transition to a home exercise program. The request for an additional 2 visits per week for 3 weeks exceeded the guidelines and as such, the medical necessity of the request was not substantiated.