

<b>Case Number:</b>	CM15-0117028		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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

### 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 53-year-old male, who sustained an industrial injury on 8/12/2011. The injured worker was diagnosed as having severe degenerative arthritis of the right knee. Treatment to date has included diagnostics, right knee arthroscopy in 11/2013 and joint replacement (12/17/2014), physical therapy, home exercise program, and medications. Currently, on 12/17/14, the injured worker reported steady progress, noting increased range of motion. Physical exam noted ambulation without a limp, normal alignment of the right knee, moderate but improved effusion, and range of motion 0-110 degrees, with no instability. He was released to light duty with restrictions. The treatment plan included additional physical therapy consisting of 12 visits. Records demonstrate the claimant has had 24 visits of physical therapy following total knee replacement. The rationale for additional physical therapy was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service; Physical therapy 2 times a week 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:** Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, Knee, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The patient has performed the recommended 24 visits of therapy. It is unclear why the patient cannot be transitioned to a home program from the exam note of 12/17/14. Therefore, the request is not medically necessary.