

<b>Case Number:</b>	CM15-0170154		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 45 year old female, who sustained an industrial injury on 02-04-2012. The injured worker is currently off work. Current diagnoses include knee osteoarthritis. Treatment and diagnostics to date has included recent total knee replacement dated 05-05-2015. Current medications not listed in received medical records. Left knee MRI dated 05-20-2012 revealed a partial tear of anterior cruciate ligament, complete tear of body of medial meniscus, myxoid degeneration posterior horn of lateral meniscus, sprain of lateral collateral ligament, degenerative arthritis in the form of osteophytes, bone bruise-contusion in the medial tibiofemoral condyle, and mild joint effusion. In a progress note dated 05-20-2015, the injured worker was 2 weeks status post left total knee replacement. Objective findings included healing wound with range of motion of 0-70 degrees. The physician noted removing sutures and for injured worker to begin outpatient physical therapy. The Utilization Review with a decision date of 07-30-2015 modified the request for postoperative physical therapy 3x4 for the left knee to postoperative physical therapy x 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 3x4 for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy three times per week times four weeks to the left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is osteoarthritis knee. Date of injury is February 4, 2012. Request for authorization is July 23, 2015. The injured worker's status post left total knee arthroplasty May 15, 2015. There is a single progress note in the medical record dated May 20, 2015. The documentation indicates the injured worker is not yet in rehabilitation. Injured worker uses a walker. Objectively, the wound is healing, range of motion is 0 to 70 and the workers begin outpatient physical therapy. Utilization review indicates the injured worker received at least 18 physical therapy sessions. The guidelines recommend 24 sessions. Utilization review provider modified the request (12 sessions) to six sessions. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (24 sessions) is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines (24) is clinically indicated, postoperative physical therapy three times per week times four weeks to the left knee is not medically necessary.