

<b>Case Number:</b>	CM15-0074650		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female patient who sustained an industrial injury on 4/24/08. The current diagnosis includes right knee osteoarthritis. She sustained the injury while unloading dining room furniture. Per the doctor's note dated 4/13/2015, she had complaints of right knee pain and numbness. The physical examination of the right knee revealed range of motion: -5 to 90 degrees; no effusion or swelling, decreased sensation lateral to the scar over the lateral patellar region. The medications list includes dilaudid, hydromorphone, naproxen and lisinopril. She has undergone right total knee arthroplasty in 3/2014, manipulation in 5/2014 and revision total knee arthroplasty on 11/24/2014. Patient has recently underwent manipulation under anesthesia for the right knee on 3/18/2015. She has had 35 post physical therapy visits after right knee revision TKA for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 3 weeks right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Request: Physical Therapy 3 times a week for 3 weeks right knee. The cited guidelines recommend up to 20 post op physical therapy visits for this surgery/ procedure. Per the records provided, patient has had post op physical therapy visits after right knee revision TKA. Patient has not had a complete course of physical therapy after the right knee manipulation under anesthesia procedure on 3/18/2015. Therefore requested number of physical therapy visits is within the recommended cited criteria. Patient still has right knee pain with limited range of motion. Therefore is objective evidence of some residual functional deficit. The request for Physical Therapy 3 times a week for 3 weeks right knee is medically appropriate and necessary for this patient at this time.