

<b>Case Number:</b>	CM15-0093318		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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(n) 55-year-old female, who sustained an industrial injury on 6/5/08. She reported pain in her right knee. The injured worker was diagnosed as having right total knee arthroplasty. Treatment to date has included a right total knee arthroplasty and x-rays showing no loosening, migration or subsidence. As of the PR2 dated 4/2/15, the injured worker reports mild discomfort with her right knee. The treating physician noted no effusion; range of motion is 0 degrees extension and 120 degrees flexion with no pain and no instability. The treating physician requested physical therapy 2x weekly for 6 weeks for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times six for the right knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), physical therapy (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in June 2008 and underwent a right knee arthroplasty in October 2014 without apparent complication. When seen, there was decreased knee flexion with full extension without pain or instability. Strength was normal. In terms of this request, the claimant has already had physical therapy and other than, for decreased range of motion there is no identified ongoing impairment. The number of visits requested is in excess of what would be needed to finalize a home exercise program if needed. The request is not medically necessary.