

<b>Case Number:</b>	CM14-0144613		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

Medical records reflect the claimant is a 61 year old male who sustained a work injury on 1-16-14 after slipping multiple times. The claimant was initially treated with a knee stabilizer, crutches, physical therapy and medications. Office visit from 7-210-14 notes the claimant has advanced degenerative arthritis to the left knee. On exam, the claimant had an antalgic gait on the left. There was tenderness to the medial and lateral joint lines. Pain with varus and valgus stressing, but no gross instability. Murray's testing is positive. Range of motion is decreased. Strength is 5/5. The claimant has been approved for left total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 18-24 sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter - physical therapy

**Decision rationale:** Post-Surgical Treatment Guidelines as well as ODG, Post-surgical treatment, arthroplasty, knee recommends 24 visits over 10 weeks. This claimant has been approved for a left knee total arthroplasty. Per current treatment guidelines up to 24 sessions is

reasonable and medically indicated. Therefore, the medical necessity of this request is within current treatment guidelines.