

<b>Case Number:</b>	CM14-0184763		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	02/02/2004
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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. 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, Oregon, Washington  
 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 70 year old female, who sustained an industrial-work injury on 2-2-04. She reported initial complaints of pain in both knees. The injured worker was diagnosed as having osteoarthritis involving lower leg, internal derangement of knee, joint pain lower leg, and genu varum. Treatment to date has included medication and diagnostics. X-rays were reported on 5-10-13 note moderate osteoarthritis bilaterally to knees worse in patellofemoral compartment than medial compartment with genu varum deformity, right worse than left. Currently, the injured worker complains of left shoulder pain, lower back pain, and persistent bilateral knee pain. The back pain is rated 7 out of 10 with radiation to the bilateral legs. There is swelling and instability to the right knee with pain rated 8 out of 10. The left knee is getting worse with swelling with little effect with icing it. Sleep is adequate but wakes up with soreness and tightness in the lower back. Medication includes Vicodin 350 mg. Per the primary physician's progress report (PR-2) on 7-23-14, exam noted an antalgic gait, mild symptoms of left shoulder pain during this exam with decreased range of motion; pain in the lower lumbar spine, mild paraspinal muscle spasm, decreased range of motion, decreased sensation in both feet, and right hip flexors are 4 out of 5 secondary to pain. The right knee has limited range of motion, McMurray tests are painful, and increased pain over the patellofemoral joint on compression, and stable. The Request for Authorization requested service to include 12 initial post-operative physical therapy sessions, twice a week for six weeks for the right knee (Possible total knee replacement). The Utilization Review on 11-6-14 denied the request for 12 Initial post-operative physical therapy Sessions, twice a week for six weeks for the right knee (Possible total knee replacement), per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Post-surgical treatment 2009.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Initial Post Operative Physical Therapy Sessions, twice a week for six weeks for the right knee (Possible total knee replacement):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**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 guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request equals the recommended initial 12 visits, the determination is for certification, is medically necessary.