

<b>Case Number:</b>	CM13-0013717		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a knee arthroscopy; 24 sessions of physical therapy to date; subsequent total knee arthroplasty; a cane; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of August 2013, the claims administrator denied a request for 12 additional sessions of physical therapy. The applicant's attorney subsequently appealed. In a progress note of May 29, 2012, the applicant is described as status post left total knee arthroplasty on November 6, 2012. In a progress note of July 1, 2013, the applicant is described as reporting persistent knee pain. The applicant is only possessed of 70 degrees of knee range of motion. Additional physical therapy is endorsed. Work restrictions are renewed. It is unclear whether the applicant is in fact working or not with said limitations in place. On May 3, 2013, the attending provider wrote that the applicant had some arthrofibrosis of the knee and stated that it was imperative that the applicant undergo the proposed six sessions of physical therapy as surgery would have to be sought to rectify the range of motion deficit if the applicant was unable to obtain the physical therapy in question. Ultimately, on January 23, 2014, the applicant was described as improved. The applicant's gait was much improved on that date with only slight limping. The applicant was ambulating without the usage of crutches or walker. The beneficiary's knee range of motion was improved as compared to the earlier visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED POST-OP PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT KNEE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 99.

**Decision rationale:** The applicant is outside of the postsurgical physical medicine treatment period established in MTUS following a total knee arthroplasty procedure in November 6, 2012 as of the date of the utilization review report, August 5, 2013. The 12-session course of treatment proposed here does, in and of itself, represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize active therapy, active modalities, and self-directed home physical medicine. The lengthy, 12-session course of treatment proposed here, thus, does not conform to MTUS principles. The attending provider has not furnished any compelling rationale or narrative which would justify the proposed course of treatment here. It further appears that the applicant's flare-up knee pain ultimately spontaneously self resolved, effectively obviating the need for the lengthy 12-session course of treatment here. Therefore, the request is not certified, for all of the stated reasons.