

<b>Case Number:</b>	CM13-0023602		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 58-year-old female with complaints of bilateral knee pain. The patient had a right total knee replacement on unspecified date. The patient had a left total knee replacement in June 2012. The patient participated in at least 30 documented sessions of physical therapy over a year for her left knee following the procedure. The documentation notes the patient did not have improvement in her condition with ongoing treatment. The documentation submitted for review noted the patient was being treated with medications to control her pain and was to consult with her orthopedic surgeon regarding her ongoing pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2x6, for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient had a left total knee replacement in June 2012. The patient was subsequently treated with at least 30 documented physical therapy sessions dating from 08/2012 - 10/2013. The patient's condition did not improve with additional therapy. The guidelines

recommend physical therapy in patients with deficits in flexibility, strength, endurance, function, and range of motion. However, due to the patient's ongoing pain, additional physical therapy is not recommended. Furthermore, recent documentation submitted for review did not describe objective findings of functional deficits. The guidelines recommend up to 10 visits for chronic pain. As the patient is more than a year out from surgery, her pain would be considered chronic. The request for an additional 12 sessions of physical therapy exceeds guideline recommendations. Given the information submitted for review the request is non-certified.