

<b>Case Number:</b>	CM13-0023887		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	12/14/1999
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 14, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; prior knee patellar allograft procedure on November 13, 2012; 24 sessions of postoperative physical therapy, per the claims administrator; and extensive periods of time off of work. The applicant's care, it is incidentally noted, has been complicated by a comorbid deep venous thrombosis (DVT) postoperatively as well as issues related to a contralateral left total knee arthroplasty (TKA). In a utilization review report of August 28, 2013, the claims administrator denied a request for additional physical therapy, citing the fact that the applicant reportedly goes to the gym thrice weekly. The applicant's attorney later appealed. In an October 14, 2013, progress note, the attending provider states that the applicant needs to obtain genetic swab testing. The applicant is having persistent knee complaints. The applicant is using a cane. The applicant is using both Norco and Percocet. Tenderness about the knee is appreciated with 120 degrees of motion and an antalgic gait. 4+/5 strength is noted. The applicant is asked to continue Duragesic, Norco, Nuvigil, and Celebrex for pain relief. Genetic testing is endorsed, as is a TENS unit. The applicant's work status is not detailed. An earlier note of June 10, 2013, is notable for comments that the applicant remains on restricted duty work. He is using Coumadin, it is further noted. The applicant is apparently going to a gym and is doing home exercises, can walk a mile, and stand for an hour.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT) three (3) times a week for two (2) weeks:** Upheld

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

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

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment frequency should eventually be faded over time, with eventual transition to self-directed home physical medicine. In this case, the applicant does have residual physical impairment. While he is using a cane and does have residual physical impairment, he does appear to have already transitioned to a home exercise program and is able to walk up to a mile. It is unclear why additional formal treatment is being sought here, particularly if the applicant has already had prior treatment (24 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Pursuing further treatment in excess of the MTUS-endorsed course without any clear treatment goals does not appear to be indicated. Therefore, the request is not certified.