

<b>Case Number:</b>	CM13-0036108		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Orthopedic Surgery and is licensed to practice in Michigan, Nebraska, and 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 male who reported an injury on 02/10/2009. The mechanism of injury information was not provided in the medical record. The patient's diagnoses include postoperative right total knee replacement on 04/22/2010, chronic right knee pain, and left knee pain compensatory consequence. Review of the medical record reports that the patient has received 30 prior physical therapy visits. The most recent clinical note dated 11/21/2013 reported that the patient continued to complain about pain to his right knee and swelling, with frequent stiffness. The patient states that weight bearing, stair climbing, or prolonged standing evokes further discomfort. An unofficial CT of the right knee dated 11/13/2013 was reviewed on this date and it revealed that tricompartment hardware was seen, moderate size suprapatellar joint effusion, and scattered curvilinear densities were known. Given the findings, postsurgical particle disease could not be excluded. Authorization was requested for an orthopedic specialist consultation regarding the right knee evaluation for possible postsurgical particle disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical medicine treatment

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Knee, Physical medicine treatment.

**Decision rationale:** California MTUS and ACOEM do not address physical therapy to the knee specifically, so I will follow-up with Official Disability Guidelines. California MTUS states for the patient's diagnoses recommends 9 to 10 visits over 8 weeks. ACOEM recommends a short postoperative rehabilitation for ACL repair prior to home exercise program, but does not speak of any physical therapy rehab postoperative for any other diagnosis. Official Disability Guidelines state that for the patient's diagnoses recommended medical treatment is 12 visits over 8 weeks, and postsurgical would be up to 24 visits over 16 weeks. The patient has already received 30 prior physical therapy visits which exceed both Official Disability Guidelines and California MTUS Guidelines. In addition, there is no clinical documentation of any objective improvement with the previous physical therapy treatments the patient received, and there is no documentation to determine why a home exercise program would not be sufficient for the patient to continue with therapy on his own. As such, the request for physical therapy times 6 is non-certified.