

<b>Case Number:</b>	CM13-0039222		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 62-year-old female who reported an injury following a trip and fall on 12/11/2009. On 04/10/2014, she reported pain, stiffness, and weakness associated with weight-bearing to the left knee. At that time, her medications included Lexapro, Wellbutrin, Trazodone, Clonazepam, and Insulin. No dosages were noted. She was ambulating with the assistance of a cane. On examination of the left knee there was no obvious swelling or effusion noted. There were arthroscopic scars and a total knee replacement scar. There was pain on flexion and some guarding. There was no crepitus noted. The ranges of motion on the left knee were extension 180/180 degrees and flexion 55/135 degrees. There was collateral laxity noted along the medial and lateral sides. There was no significant anterior cruciate ligament laxity or instability. There were no negative patellofemoral inhibition or apprehension signs bilaterally. An X-ray of the left knee revealed a prosthesis which appeared to be in good position without significant loosening. On 11/07/2012, she underwent a left knee arthrotomy of the medial meniscus, lateral meniscectomy, and total knee replacement. A bone scan dated 01/08/2014 of the left knee revealed nonspecific subtle increased blood flow about the left knee in comparison to the right with minimal asymmetry. There was no evidence of infection, prosthesis loosening, or periprosthetic fracture. Her diagnoses at that time included osteoarthritis of the left knee and status post total knee replacement. It is noted that she had not done well postoperatively with the total left knee arthroplasty. It was mentioned that she appeared to have lost some mobility. A rationale for the requested physical therapy of the left knee is noted as being arthrofibrosis with considerable stiffness. There was no request for authorization included in the submitted paperwork.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO THE LEFT KNEE FOR 8 SESSIONS 2 TIMES A WEEK FOR 4 WEEKS:** 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, pages 98-99 Page(s): 98-99.

**Decision rationale:** MTUS Guidelines recommend that passive therapy, which can provide short-term relief during the early phases of pain treatment, is indicated for controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self-directed home physical medicine. The allowable schedule of visits for myalgia and myositis are 9 to 10 visits over 8 weeks. The rationale listed for the requested physical therapy is arthrofibrosis and stiffness in the knee. It further stated that she has already had attempts at treatment and that she may need manipulation under anesthesia. Additionally it is documented that there may be justification for a revision of the patellar prosthesis. As such, the request is not medically necessary.