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| <b>Case Number:</b>   | CM13-0040499 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 09/15/1995 |
| <b>Decision Date:</b> | 03/12/2014   | <b>UR Denial Date:</b>       | 09/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### 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 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:

This is a 62-year-old male who sustained work related injury on 09/15/1995. He had total right knee replacement in December 2006, lumbar spine surgery on 02/15/2010, and total left knee replacement on 07/30/2012. A clinic note dated 08/14/2013 indicates he presented with complaints of constant slight to intermittent moderate and occasionally severe low back pain radiating down to his left lower extremity. He reported burning sensation of his left foot and severe spasms of his lower back. He states his left knee feels better and currently complains of intermittent moderate and occasionally severe pain, mostly over the anterior aspect of the knee. He noted his quadriceps strength and ROM have improved. He ambulated with a cane, crutch or walker. He noted less swelling and giving way. He also complained of right knee pain with popping and clicking but no swelling, giving way, or locking. He was undergoing physical therapy treatment to his left knee with improvement. On exam of the left knee revealed extension is limited and painful. There was smooth tracking noted and quadriceps atrophy bilaterally. Girth measurement of left quadriceps was 32.5 cm, left calf 33.5 cm, right quadriceps 34.5 cm, and right calf 34 cm. His reflexes were 1/4 patellar and Achilles bilaterally. Gross motor strength of the quadriceps and extensor hallucis longus was 5/5 bilaterally. Treatment plan was EMG study, additional physical therapy treatment 2x a week for 4 weeks to further strengthen the quadriceps and improve range of motion of the left knee, and prescribed Tylenol #3 and Protonix 20 mg. A physical therapy progress note dated 08/19/2013 indicates he presented with pain minimized to smaller areas, sensitivity reduced with increased ability for weight bearing and ambulation, and experiencing spasms to posterior hamstring. His left knee pain level was 5-6/10. Functional activities was moderate limitation walking, moderate to severe limitation stairs, and bending/squatting moderate limitation. Objectively, wounds healed, ambulated with single crutch, left knee AROM was flexion 120 degrees and extension - 20 degrees. On 07/23/2013, left

knee AROM was flexion 102 degrees and extension - 28 degrees. Strength was 4-/5 on flexion and extension. Treatment plan was continued physical therapy as per current regimen for 3 times a week for 4 weeks. A peer-to-peer review was performed on 09/13/2013 by [REDACTED] who indicated that the provider [REDACTED] stated the patient bumped his knee causing an acute flare of symptoms. This patient has been certified 42 sessions of physical therapy. [REDACTED] agreed that there is no clear indication for extended care, agreed to a short extension following this flare to essentially emphasize a transition to a HEP.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional post-operation physical therapy (PT) 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines;

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines Page(s): 10-12 and 24.

**Decision rationale:** There is a previous denial dated 09/13/2013 by [REDACTED] who indicated that this patient has been certified 42 sessions of physical therapy already. As per the CA MTUS guidelines, the total number of recommended postsurgical treatment is 24 visits. The request for additional post-op physical therapy 3 x4 weeks exceeds the guidelines recommended number of visits, and therefore the request is non-certified.