

<b>Case Number:</b>	CM13-0044033		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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, has a subspecialty in Interventional Spine 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:

This is a 59 year-old male with a 12/3/09 industrial injury claim. According to the 9/24/13 check-box format PR2 by [REDACTED], the patient has been diagnosed as: post op bilateral wrist; an unspecified bilateral knee condition; CTS bilateral wrists; multiple cervical disc herniations; thoracalgia; multiple lumbar disc herniations; post traumatic hypertension; and bilateral shoulder tenosynovitis. There was an attached narrative stating the patient presents with low back, mid back and cervical pain, right and left shoulder pain. He had left knee replacement on 6/7/13 and a 2nd surgery on 7/19/13. Left knee pain was 8/10. The left knee, lower back and right shoulder have worsened since last visit. [REDACTED] defers PT to the orthopedic surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) PHYSICAL THERAPY VISITS TO THE BILATERAL WRISTS/HANDS, BILATERAL KNEES, BILATERAL SHOULDERS, AND LUMBAR SPINE, TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient underwent left knee replacement on 6/7/13 or 7/19/13. The 7/30/13 reports pain 9/10 left knee, with limited motion and weakness. PT for the left knee was deferred to the orthopedic surgeon. On the 8/22/13 report the left knee was reported to be worsening, and on the 9/24/13 report the left knee was reported to be deteriorating since last visit. MTUS does allow for postsurgical PT following knee arthroplasty, but MTUS requires discontinuing treatment if there is no functional improvement. MTUS states: "In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period." There is no documented improvement with postsurgical PT. Continuing PT that is not producing functional improvement is not in accordance with the MTUS postsurgical treatment guidelines.