

<b>Case Number:</b>	CM13-0045598		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 56-year-old gentleman who was injured in a work-related accident on 3/3/11. Specific to his bilateral lower extremities, documentation indicated that he had complaints of bilateral knee pain. At the last clinical assessment on 10/18/13, the claimant was given a diagnosis of status post right total knee arthroplasty with left knee degenerative joint disease. Objectively, there were noted to be bilateral complaints of pain despite brace usage, nonsteroidals, and pain medication. Formal physical examination showed no documentation of knee findings. The recommendations at that time were for twelve additional sessions of physical therapy for the claimant's bilateral knees. The surgery to the right knee took place on 4/9/12. The imaging at present is not available for review. Further clinical records or recent records in regard to the claimant's current knee complaints were not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for six weeks for the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

**Decision rationale:** Based on California MTUS Chronic Pain 2009 Guidelines, physical therapy in this setting would not be supported. At present, there are no current physical examination findings with regard to either knee available for review to support the acute need of physical therapy. The claimant is noted to be greater than 1½ years from the time of surgical intervention to the right knee in the form of arthroplasty. While Chronic Pain Guidelines do recommend the role of occasional use of physical therapy in the chronic setting, the absence of abnormal physical examination findings, imaging studies, or documentation of recent treatment would not support its current use at present.