

<b>Case Number:</b>	CM13-0057349		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 & 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 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 reported with date of injury of 12/03/2009. The listed diagnoses per [REDACTED] dated 08/06/2013 are: 1. Left knee OA/status post left total knee arthroplasty, 2012. 2. Right knee OA/status post right knee arthroplasty, 09/13/2013. According to progress report dated 08/06/2013 by [REDACTED], the patient complains of left and right knee pain. He rates his pain on the left knee a 4/10 and 6/10 for the right knee. He also reports tightness on the left knee and burning sensation in the right knee. He takes codeine for pain and states that swimming 3 times a week helps with his pain. Objective finding show gait is antalgic. There is a well-healed incision in the left knee, active range of motion on the left knee is 0 to 128 and passive range of motion is 0 to 132. Physician is requesting 12 additional physical therapy visits for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy 3 times a week for 4 weeks for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

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

**Decision rationale:** This patient presents with chronic left and right knee pain. Physician is requesting 12 additional physical therapy visits for the left knee. Utilization review dated 11/14/2013 modified the request from 12 visits to 6 physical therapy visits. Progress report dated 07/15/2013 by [REDACTED], documents "patient has failed physical therapy and has been getting some relief from topical non-steroidal medications." Review of over 100 pages of records does not show any recent physical therapy reports to verify how many treatments and with what results were accomplished. This patient underwent a left total knee arthroplasty in 2012 and postoperative physical therapy MTUS Guidelines do not apply. MTUS Guidelines page 98, 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. It is unclear why the physician is requesting 12 additional visits when he documented that the patient has "failed physical therapy." Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this kind of condition. Recommendation is for denial.