

<b>Case Number:</b>	CM13-0064634		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and 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 is a 49 year old female with date of injury 7/1/12. The treating physician report dated 11/13/13 indicates that the patient is status post right total knee arthroplasty on 8/12/13. Current complaints are pain, weakness and shortness of breath since surgery. The diagnoses listed were: 1. Osteoarthritis of the right knee 2. Total right knee arthroplast 8/12/13 The utilization review report dated 11/22/13 denied the request for PT because the patient had 87 sessions of PT. The pulmonary consult was denied due to lack of specific objective data or pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12 visits for the right knee:** 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 presents with continued right knee pain following right knee total arthroplasty on 8/12/13. The utilization review report indicates the patient had a total of 87 PT sessions. The treating physician does not document in any of his post surgical reports dated

8/28/13, 10/11/13 or 11/13/13 how many PT visits were performed or any response to such treatments. The reports only state "Treatment to date includes PT, surgery and medications." The treatment recommendations states "Stop Oxycontin, Norco 10/325 one by mouth every 4 hours as needed for pain, Progressive ambulation, Analgesics, Physical therapy, CT scan of the lungs, Voltaren gel, Pulmonary medicine consult and follow up in 6 weeks." The MTUS post surgical guidelines state that following knee arthroplasty, 24 PT visits over 10 weeks for a total duration post surgically of 4 months. There is no way to tell from these reports how many PT sessions were completed in the 12 weeks post surgically and there is no details in this request on the frequency or duration of the PT that is requested. Based on available information, however, the patient appears to have had more than 24 post-operative therapy sessions. Recommendation is for denial.

**Pulmonary consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 7, page 127

**Decision rationale:** The patient presents 12 weeks post surgical total right knee arthroplasty. The patient has complaints of shortness of breath since surgery. The treating physician notes in his report that "breathing is regular, pulse of 89, respirations of 16, BP 142/97, lungs are clear to percussion and auscultation, no rales, rhonchi or wheezes. Under treatments recommendations it states "Pulmonary medicine consult." The ACOEM guidelines indicate that a practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treating physician does not document any pulmonary findings that are abnormal and would require referral to a specialist. Recommendation is for denial.