

<b>Case Number:</b>	CM14-0000794		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational Medicine, 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:

The patient is an employee of [REDACTED] School District and has submitted a claim for left knee pain with an industrial injury date of February 28, 2012. Treatment to date has included medications, left total knee arthroplasty, and an unknown number of post-operative physical therapy sessions. Medical records from 2013 were reviewed, the latest of which was a progress note dated June 12, 2013, which showed that the patient complained of left knee pain, which was controlled. The patient was also noted to tolerate activity. He was modified independent for ambulation with a front-wheeled walker but was independent for toileting. On physical examination, the left knee wound was clean, dry, and intact. There was no erythema and drainage from the wound. There was note of 1-2+ pitting edema of the left lower limb. The patient was also able to dorsiflex the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and monitoring from the treating physician regarding progress, and continued benefit of treatment is paramount. In this case, there was no discussion about the treatment plan and functional goals with additional physical therapy sessions. The number of previous physical therapy sessions and the patient's response with the treatment was also not documented. In addition, patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Furthermore, the latest progress note submitted with this review is dated June 12, 2013, so the current functional status of the patient is not known. Therefore, the request for additional physical therapy for the left knee is not medically necessary.