

<b>Case Number:</b>	CM14-0003948		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	05/07/2007
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine and Rehabilitation 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 48 year-old patient sustained an injury on 5/7/07. Request under consideration include twelve physical therapy visits and Follow-up visit. Diagnoses include s/p right knee replacement 8/28/13 and Lumbar radiculopathy. Report of 8/14/12 from the provider noted right knee exam with range of -5 to 120 degrees recommending Synvisc injections for right knee osteoarthritis. Conservative care for the right knee has included medications, Synvisc injections, physical therapy, bracing, and modified activities/rest without benefit. Operative record dated 8/28/13 noted pre-op diagnosis of osteoarthritis right knee with right knee medial and lateral meniscectomy and total knee replacement with cement fixation. Post-operatively, the patient was certified with continuous passive motion machine, Vascutherm colder therapy, 8 in-home physical therapy visits, shower bench, raised toilet seat, and front wheel walker. There is a report dated 10/4/13 from utilization review certifying request for 12 physical therapy sessions between 9/27/13 and 11/18/13. Illegible brief hand-written report of 10/25/13 from the provider noted "OK now. Under objective findings list weak quad; healed; range of motion 0-126." Diagnoses O/A with treatment plan of therapy two times six; patient to remain off work for another 2 months. Therapy report of 10/16/13 noted patient with pain level increased with right knee flexion; tolerated treatment well and able to complete all exercises. Multiple brief therapy reports with checked boxes for passive modalities noted patient has improved strength, endurance, and range of motion with plan for continued treatment (no specific measurement in motor strength or range in degrees/maneuvers were reported). Therapy report of 11/4/13 noted in assessment range of motion of right knee is -7-95 degrees. Report of 11/12/13 noted flexion to 105 degrees. Report dated 1/15/13 from the provider had checked box for follow-up; unable to return to work until 6 weeks; meds refilled. Diagnoses were right knee osteoarthritis and L-

spine S/S with return visit in 6 weeks. The request for 12 Physical therapy visits and Follow-up visit were non-certified on 12/30/13 citing guidelines criteria and lack of medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 Physical therapy visits: 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 Physical Therapy Page(s): 98-99.

**Decision rationale:** The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. Records indicate at least 30 physical therapy visits have been completed. The patient's total knee arthroplasty is now over 10 months without documented functional improvement or complications to allow for additional physical therapy. Therapist recorded range of motion has not improved to pre-operative measurement with continued significant pain complaints. The patient remains total temporary disability without functional improvement from treatment already rendered. The twelve physical therapy visits is not medically necessary and appropriate.

#### **Follow up visit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**Decision rationale:** Guidelines support surgical consultation and follow-up for the purpose of the treatment plan and diagnosis when there are presentations of persistent, severe and disabling knee symptoms as in this case with the patient s/p total knee replacement with ongoing symptoms. Submitted reports have adequately demonstrated support for this follow-up. The follow-up visit is medically necessary and appropriate.