

<b>Case Number:</b>	CM14-0104742		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 60 year old male with a date of injury of 11/19/2010. He underwent a right total knee arthroplasty on 12/9/2013. Despite 52 sessions of post-operative physical therapy his knee remained painful and stiff. On 4/24/2014 he underwent resection of a large lipoma from the right hip. On 6/4/2014 the range of motion of the right knee was 10-100 degrees and there was persisting pain. On 7/10/2014 his range of motion was 10-95 and pain level 8/10 in the knee and 7-8/10 in the hip. He underwent manipulation of the knee under anesthesia on 7/24/2010. Post-operatively 18 physical therapy visits were authorized including aquatic therapy. On 9/18/2014 the pain level was 6/10 and range of motion 0-125. He still had weakness and could not rise from a chair. The disputed issue pertains to a request for additional physical therapy 2 x 6 for the right knee. There is no documentation indicating continuing objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x 6 for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Manipulation under anesthesia (knee) Page(s): 25,10,11.

**Decision rationale:** The post-surgical physical medicine guidelines recommend 20 visits over 4 months for manipulation under anesthesia of the knee. The post-surgical physical medicine treatment period is 6 months. The initial course of therapy is 10 visits and with documentation of objective functional improvement a subsequent course of therapy may be prescribed within the parameters described above. The records indicate that he has completed 18 visits. There is no documented objective evidence of continuing functional improvement. The additional 12 sessions requested exceed the guidelines. There is good range of motion in the knee. The reason for continuing pain is not known and therapy has not helped the pain. A home exercise program should be adequate to maintain the range of motion and continue strengthening. Based upon the above the requested additional physical therapy 2 x 6 for the right knee is not medically necessary.