

<b>Case Number:</b>	CM14-0106230		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 66 year old injured worker had a date of injury on 1/14/2010. The mechanism of injury was not noted. In a progress noted dated 3/5/2014, the injured worker states that with the new surgery, he already feels much better. Pain is 7/10 at its worst and 2/10 at its best. Currently it is 3/10. On a physical exam dated 3/5/2014, there is decreased range of motion and strength secondary to total knee with significant soft tissue restrictions. The diagnostic impression shows knee joint replacement and pain in joint. Treatment to date: medication therapy, behavioral modification, total knee replacement 2/5/2014A UR decision dated 6/27/2014 denied the request for 12 sessions of physical therapy for left knee (3x4), stating that this injured worker has had now 32 post-operative physical therapy sessions to date, and there is no indication at this time for ongoing extension of skilled therapy past guideline recommendations versus doing home exercise program at this juncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Sessions of Physical Therapy for the Left Knee (3x4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114; Official Disability Guidelines (ODG) knee

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the injured worker's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 24 visits over 10 weeks post-surgically for total knee arthroscopy. In the reports viewed, this injured worker has had at least 24 certified physical visits since the surgery on 2/5/2014, and there was no clear rationale provided regarding the medical necessity of further sessions beyond recommended guidelines. Furthermore, it was unclear why this injured worker could not transition into a home exercise program. Therefore, the request for 12 sessions of physical therapy for the left knee 3x4 was not medically necessary.