

<b>Case Number:</b>	CM14-0010873		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Texas. 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 57 year old male whose date of injury is 06/11/2009. The mechanism of injury is described as cumulative trauma. Progress report dated 10/17/13 indicates that the injured worker is status post right knee arthroscopy with excision of scar tissue on 04/19/13. He is status post total knee arthroplasty in October 2010. He has completed a course of physical therapy in the past which was beneficial. Progress report dated 12/12/13 indicates that he continues to be symptomatic with regard to intermittent swelling, stiffness and reported weakness with weightbearing and nonweightbearing activities. On physical examination right knee shows well-healed anterior incision and range of motion is 0-125 degrees. There is 2+ effusion noted. He has positive distal patellar tenderness as well as tenderness to the medial and lateral compartments. Assessment notes posttraumatic osteoarthritis to the right knee; status post total knee arthroplasty in October 2010, history of DVT to the right lower extremity, status post revision knee arthroplasty with excision of scar tissue on 04/19/13, left knee osteoarthritis. intermittent swelling, stiffness and reported weakness with weightbearing and nonweightbearing activities. On physical examination right knee shows well-healed anterior incision and range of motion is 0-125 degrees. There is 2+ effusion noted. He has positive distal patellar tenderness as well as tenderness to the medial and lateral compartments. Assessment notes posttraumatic osteoarthritis to the right knee; status post total knee arthroplasty in October 2010, history of DVT to the right lower extremity, status post revision knee arthroplasty with excision of scar tissue on 04/19/13, left knee osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE RIGHT KNEE 2 X PER WEEK FOR 6 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Knee.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Manual therapy and manipulation, Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for 12 additional physical therapy sessions for the right knee 2 x per week for 6 weeks is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The injured worker's compliance with an active home exercise program is not documented. Therefore, the request is not medically necessary.