

<b>Case Number:</b>	CM14-0013294		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Alaska and 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 64-year-old male who reported an injury on 10/12/2013. The mechanism of injury was due to loading bags and twisting his left knee. The injured worker's diagnosis consists of left knee osteoarthritis. The injured worker's past treatment has included injections, physical therapy, and medication management. Diagnostic studies were not provided for review. Surgical history was not provided for review. Upon examination on 01/21/2014, the injured worker returned for follow-up visit for the injury sustained. It was noted that the injury was the same. It was noted that the injured worker complained of the pain in her knees as a 3/10 with sitting and a 7/10 with walking and standing on the VAS pain scale. It was noted that the injured worker was tolerating his medication regimen. The injured worker stated his pain was moderate to severe and intermittent with symptoms exacerbated by standing and walking. The injured worker stated there was no numbness or tingling to the knee or weakness. The injured worker also stated that there was no knee discoloration and edema. Upon physical examination of the left knee, it was noted that there was tenderness on the left medial joint line. The knee was noted to be tender on the left lateral joint line. The left patella does not have subluxation. The left patella was noted to be tender. The abduction and adduction stress testing was negative for integrity of the collateral ligament. The McMurray's test was negative for meniscal tears. Flexion of the left knee revealed 125/135 degrees, external rotation was 10/10 degrees, internal rotation was 10/10 degrees. The injured worker's prescribed medications were noted to include Crestor, Hydralazine, Tekturna, Tribenzor, Furosemide, Vitamin D, Allopurinol, Xarelto, Indomethacin and Klor-con. The injured worker's treatment plan consisted of postoperative physical therapy 2 times a week for 10 weeks to the left knee. The rationale for the request was postoperative physical therapy. A Request for Authorization form was not submitted for review.

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

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

**POST-OP PHYSICAL THERAPY 2X PER WEEK X10 WEEKS, LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The California MTUS Guidelines state there is controversy that exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short term, but not long term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. An initial course of 12 visits would be appropriate as indicated by the referenced guidelines. Given the documentation of functional improvement, a subsequent course of therapy can be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In regards to the injured worker, within the documentation submitted for review, it is not stated that the surgery was noted to be medically necessary at this time. Without prior approval of a knee surgery, the medical necessity of postoperative physical therapy cannot be warranted. As such, the request for physical therapy is not medically necessary.