

<b>Case Number:</b>	CM14-0119502		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Family Medicine 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 66-year old correctional officer sustained an industrial injury of the neck, right shoulder, back and right knee on date of injury of 1/13/03. No mechanism of injury is described in the available records. The patient retired in 2012 and does not plan to return to work. On 9/6/13, the diagnoses included status post C4 through C7 anterior cervical discectomy and fusion, status post removal of cervical hardware, status post left shoulder surgery with re-tear, status post left shoulder arthroscopy with decompression, moderate bilateral carpal tunnel syndrome, status post left total knee replacement, and status post right knee arthroscopic surgery with advanced degenerative disease. A total right knee replacement was performed on 1/18/14. The patient received inpatient therapy in a rehabilitation facility for a period of approximately two weeks, and was discharged on 2/4/14. The records available included progress note from the secondary treating physician (the orthopedist that performed the surgery) dated 3/4/14; however, no physical therapy (PT) progress notes written after 2/14/14. The secondary treating physician's 3/4/14 progress note states that the patient is making good progress and is encouraged to work on exercise on her own. On exam, she had full knee extension and moderately limited flexion. The treating physician noted that the patient had been authorized for 12 PT visits of which she had completed 7, and that he was going to request 12 more visits. According to the UR report dated 6/30/14, the additional 12 visits were authorized and the patient had completed a total of 15 visits as of 6/10/14. A PT report dated 6/5/14 noted that the patient reported 85-90% recovery, that she could ambulate without an assistive device, negotiate stairs reciprocally and perform household chores. A 6/10/14 PT report stated that the patient's pain level was 0-1/10 that her knee range of motion was normal, that her strength was increasing and that she was tolerating closed chain exercises, and demonstrated progression. She still had difficulty with prolonged standing and walking. The provider still recommended continuation of therapy for strength.

## 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 10 visits right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Physical Medicine Page(s): 9;98-99. Decision based on Non-MTUS Citation Post-Surgical Treatment, Knee arthroplasty, page 24

**Decision rationale:** Per the Chronic Pain guidelines cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second reference states that passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. The Post-Surgical Treatment Guideline states that 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 than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion of the joint. The recommended number of post-surgical physical therapy (PT) treatments for knee arthroplasty is 24 visits over 10 weeks, with a post-surgical physical medicine treatment period of 4 months. The clinical records in this case do not support the provision of 20 additional PT visits. This patient has already been authorized for 24 sessions of physical therapy, and has completed at least 15 of them. Her therapists reported that she is doing extremely well. Based on the evidence-based guidelines cited above and the clinical information provided for review, additional physical therapy visits, 2 times per week for 10 weeks, are not medically necessary.