

<b>Case Number:</b>	CM14-0123616		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/18/2004
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine and Rehabilitation 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 patient sustained an injury on 3/18/04 while employed by [REDACTED] department. Request(s) under consideration include Physical therapy 2x6 (12 visits) for the right knee. Diagnoses include s/p right arthroscopic knee surgery for lysis of adhesions and removal of scar followed by closed manipulation of knee on 4/11/14. Report from therapist dated 4/12/14 noted patient with pain rated at 4-6/10 on right knee movements with range of 10-110 degrees and muscle weakness in the quads at 4/5 and right hamstring at 4+/5 with decreased sensation around incision. The patient was ambulating without assistive device and weight bearing as tolerated with PT 3x6. PT report of 6/3/14 noted pain continued with range of motion of 5-110 degrees with 4+/5 quad strength, tenderness in quad tendon, mild edema, and antalgic gait. Continued therapy was recommended. Report of 7/22/14 from the provider noted the patient with ongoing chronic knee symptoms gradually worsening. Exam showed range of 0-90 degrees and antalgic gait. Recommendations included medications, injection, arthroscopic release of adhesions and MUA (manipulation under anesthesia). The request for Physical therapy, 2x6 (12 visits) for the right knee, was non-certified on 8/1/14, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 (12 visits) for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee, Manipulation under Anesthesia (knee) Page(s): 14-15.

**Decision rationale:** A review indicated the patient has had a total of 40 post-op physical therapy visits for the right knee TKA (total knee arthroplasty) in 2013 with manipulation in April 2014. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty and 20 visits for MUA (manipulation under anesthesia) over a postsurgical physical medicine treatment period of 4-6 months. There was no post-operative complications or comorbidities noted to allow for additional physical therapy beyond guidelines recommendations. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's TKA is now a year over TKA and 8 months post MUA in April 2014 without documented functional improvement to allow for additional physical therapy. The patient remains clinically unchanged without improvement from the 40 post-op PT treatment visits already rendered with actual decreased knee range when compared to prior months. The Physical therapy 2x6 (12 visits) for the right knee are not medically necessary and appropriate.