

<b>Case Number:</b>	CM14-0128181		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 & 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:

The injured worker is a 61-year-old male who reported an injury on 04/05/2011. While retrieving a gurney from the pain management building, he was pushing the gurney over rough terrain when the gurney locked, which caused him to fall forward. While falling, he felt a pop in his left knee followed by a sharp pain. Diagnoses were left shoulder tendonitis and impingement, left knee meniscus tear, status post meniscus repair and arthroplasty. Past treatments were physical therapy times several sessions and cortisone injection to the left knee. Diagnostic studies were venous ultrasound of the left lower extremity and MRI of the left shoulder for rotator cuff tear. Surgeries were left shoulder arthroscopy, left knee arthroplasty 05/26/2011, and total knee replacement on 07/08/2013. Examination on 07/11/2014 revealed complaints of left knee pain. The injured worker reported that for the past 2 weeks, he had noted increased pain in the left knee, diffuse pain in the calf, and slight swelling of the calf and ankle. He was worried about a blood clot. Examination revealed no fever or chest pain and no difficulty breathing or other signs of pulmonary embolism. Left knee range of motion remained slightly restricted with about 110 degrees of flexion. There was diffuse tenderness, especially in the popliteal fossae, where swelling or cyst was noted. The joint was stable. There was slight left calf tenderness, questionable positive Homan's sign, and slight ankle edema. No venous chords were palpated. Medications were Advil. Treatment plan was to elevate the leg and apply cold packs. A course of physical therapy was to be requested, also a consult with an orthopedist. The ultrasound exam was negative for a deep venous thrombosis. There was increased fluid in the left knee joint. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy post-operative two times a week for three weeks for the left knee quantity: 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 11.

**Decision rationale:** California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker is not postoperative. The guidelines state that postoperative is 6 months from the time of surgery. The injured worker had surgery on 07/08/2013. The medical necessity for physical therapy was not submitted. The request states postoperative physical therapy. Therefore, the request is not medically necessary.