

<b>Case Number:</b>	CM14-0132388		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, low back, knee, and wrist pain reportedly associated with an industrial injury of September 30, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; left knee replacement surgery in 2007; a right knee replacement surgery in 2005; a right total hip replacement surgery in March 2012; a gastric bypass procedure; a right total knee replacement surgery in 2014; and unspecified amounts of physical therapy over the course of the claim, including 19 sessions in 2014 alone, per the claims administrator. In a Utilization Review Report dated August 13, 2014, the claims administrator denied a request for additional physical therapy for the lumbar spine. The claims administrator stated that he was basing his decision on a request for authorization (RFA) form dated July 30, 2014. The claims administrator did not clearly state or identify what guideline he was employing in its denial. In its Utilization Review Report, the claims administrator stated that the applicant was having multifocal pain complaint issues including neck pain, shoulder pain, and knee pain which were compounding her recovery from the recent total knee replacement surgery. The applicant was still having ambulatory deficits, it was noted on that date. The claims administrator did not clearly identify how much postoperative physical therapy the applicant had had following earlier total knee replacement surgery in April 2014. The applicant's attorney subsequently appealed. In a February 4, 2014 progress note, the applicant was described as having ongoing issues with hip and knee pain owing to arthritic changes involving the same status post multiple total knee and total hip replacement surgeries. It was stated that the applicant was considering further right knee total knee replacement surgery. A motorized scooter was sought. The applicant underwent a right knee total knee arthroplasty procedure on April 11, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Web Edition

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The applicant was still within the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following a total knee arthroplasty procedure of April 11, 2014 as of the date of the request, July 30, 2014. While the eight-session approval might result in an overall course of treatment slightly in excess of the 24-session course recommended in MTUS 9792.24.3 following total knee arthroplasty surgery, MTUS 9792.24.3.c.2 does acknowledge that the medical necessity for postsurgical physical medicine is contingent on applicant-specific factors such as comorbid medical conditions, prior pathology and/or surgery involving the same body part, etc. In this case, per the claims administrator, the applicant had, in fact, had prior surgery involving the same body part. The applicant had also had surgeries involving several proximal body parts, including the contralateral knee and the hip. The applicant also had a variety of other body parts implicated in the claim, including the neck, low back, etc., and was, moreover, an elderly worker (age 70). Additional treatment slightly beyond the MTUS parameters was/is therefore indicated. Accordingly, the request is medically necessary.