

<b>Case Number:</b>	CM14-0163573		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, has a subspecialty in Pain 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 is a patient with a date of injury of February 90,012. A utilization review determination dated September 17, 2014 recommends no certification of physical therapy for the left knee. A progress report dated March 21, 2014 seems to indicate that the patient is undergoing physical therapy which has improved the patient's pain after therapy. The patient notes that she is getting stronger. Objective examination findings identify a slight limp. Diagnoses include status post motor vehicle accident, left total knee arthroplasty, left (illegible). The treatment plan recommends physical therapy. A progress report dated July 1, 2014 identifies subjective complaints of left knee pain when standing and right knee pain with a slight limp. Objective examination findings state "left knee." The treatment plan recommends physical therapy. A progress report dated August 4, 2014 identifies subjective complaints of left knee pain. The note indicates that she is currently attending physical therapy twice a week. The note indicates that she has had "little improvement." The pain is described as "a little better." Physical examination findings identify no tenderness to palpation and negative orthopedic tests. Range of motion is slightly reduced on the left knee. The patient also has weakness affecting the left quadricep muscles with normal sensation. Diagnoses are not specifically listed. The note goes on to state that the patient is considered incapable of performing her usual and customary work duties. A progress report dated September 3, 2014 has largely illegible objective findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1-2 x a week for 4-6 weeks for the left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 24 therapy visits following total knee arthroplasty. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear if request exceeds the amount of PT recommended by the ODG when combined with the previously provided sessions. In light of the above issues, the currently requested additional physical therapy is not medically necessary.