

<b>Case Number:</b>	CM14-0167252		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/16/1998
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Pain Management 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 71 year-old patient sustained an injury on 2/18/1998 from tripping on a mat while employed by [REDACTED]. Request(s) under consideration include Physical Therapy x12. Diagnoses include Right knee osteoarthritis s/p Right TKA. There is past medical history of Diabetes, Obesity, Atrial Fibrillation, and Lupus. Report of 4/24/14 from the provider noted the patient with chronic symptoms ambulating fairly well, using a cane intermittently. The patient rides a stationary bike 1-2x/weekly. Exam showed mild patellofemoral clicking with range of 0-130 degrees. Treatment was for Home exercise program. Report of 9/25/14 noted unchanged symptoms of right knee. Exam showed unchanged antalgic gait and clicking of patellofemoral joint related to VMO atrophy, without effusion. The request(s) for Physical Therapy x12 was modified for 6 sessions on 10/6/14 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 x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** This 71 year-old patient sustained an injury on 2/18/1998 from tripping on a mat while employed by [REDACTED]. Request(s) under consideration include Physical Therapy x12. Diagnoses include Right knee osteoarthritis s/p Right TKA. There is past medical history of Diabetes, Obesity, Atrial Fibrillation, and Lupus. Report of 4/24/14 from the provider noted the patient with chronic symptoms ambulating fairly well, using a cane intermittently. The patient rides a stationary bike 1-2x/weekly. Exam showed mild patellofemoral clicking with range of 0-130 degrees. Treatment was for Home exercise program. Report of 9/25/14 noted unchanged symptoms of right knee. Exam showed unchanged antalgic gait and clicking of patellofemoral joint related to VMO atrophy, without effusion. The request(s) for Physical Therapy x12 was modified for 6 sessions on 10/6/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions with recent 6 sessions authorized without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 1998 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy Times 12 is not medically necessary or appropriate.