

<b>Case Number:</b>	CM14-0178526		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 49-year-old female with a 12/4/12 date of injury and status post left total knee arthroplasty with partial hemi patellectomy and hardware removal on 2/26/14. At the time (9/30/14) of request for authorization for physical therapy 12 visits for the left knee, there is documentation of subjective (left hip pain, mild swelling at the operative site, left knee pain with giving way and popping sensation, and pain at the level of the right fibular head traveling down to the lateral ankle) and objective (antalgic gait, tenderness to palpation over the left knee laterally and posteriorly, and over the fibular head, full extension, flexion to 115 degrees, 4/5 strength of the right quadriceps and hamstring, and apprehension with rotation of tibia on femur, externally and internally) findings, current diagnoses (painful left total knee arthroplasty with some extent of spinout or flexion instability), and treatment to date (20 postoperative physical therapy sessions). There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of postoperative physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 visits for the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical therapy

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 4 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of painful left total knee arthroplasty with some extent of spinout or flexion instability. In addition, there is documentation of status post left total knee arthroplasty with partial hemi patellectomy and hardware removal on 2/26/14 and 20 postoperative physical therapy sessions completed to date. However, given documentation that the proposed number of sessions, in addition to the sessions already completed, would exceed guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of postoperative physical therapy provided to date. Furthermore, given documentation of a 2/26/14 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 12 visits for the left knee is not medically necessary.