

<b>Case Number:</b>	CM14-0025375		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas and Colorado. 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 57-year-old male with a reported injury on 05/12/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/13/2014 reported that the injured worker complained of left knee pain with a rating of 8/10. The physical examination of the injured worker's left knee revealed range of motion was limited and painful upon flexion and extension. The range of motion of the injured worker's left knee demonstrated flexion to 105 degrees. The injured worker's prescribed medication list included Flexeril, Omeprazole, and Tramadol. His diagnoses included cervical disc syndrome, right shoulder superior labral tear, left shoulder superior labral tear, bilateral rotator cuff syndrome, lumbar disc syndrome, lumbar spine spondylosis, status post left knee arthroscopy, and left knee osteoarthritis/degenerative joint disease. The provider requested postoperative physical therapy to the left knee due to pending left knee surgery. The Request for Authorization was submitted on 02/25/2014. The injured worker's prior treatments were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE PHYSICAL THERAPY LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The injured worker complained of left knee pain. The treating physician's rationale for postoperative physical therapy was due to pending left knee surgery. Guidelines state controversy exists regarding the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. Short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs. Accelerated perioperative care and rehabilitation interventions after hip and knee arthroplasty reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided and there is a lack of documentation indicating the injured worker has significant functional deficits. Additionally, the injured worker has not had surgery to the left knee as of 01/13/2014, and the treating physician did not provide the operative diagnosis or include the duration of the postoperative physical therapy being requested. Given the information provided, there is insufficient evidence to determine appropriateness of postoperative physical therapy to his left knee to warrant medical necessity. As such, the request is not medically necessary.