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| <b>Case Number:</b>   | CM14-0034994 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 04/20/2010 |
| <b>Decision Date:</b> | 07/30/2014   | <b>UR Denial Date:</b>       | 02/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2014 |

### 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 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:

This is a patient with a date of injury April 20, 2010. A utilization review determination dated February 24, 2014 recommends noncertification of postoperative physical therapy for the right knee. A physical therapy progress report dated February 4, 2014 indicates that the patient's range of motion has improved slightly in the patient's strength has improved as well. Remaining deficits seem to indicate that it is difficult to make position changes and difficult to do squats. The note indicates that 3 therapy sessions are remaining, and requests 8 additional physical therapy sessions. A progress report dated January 27, 2014 identifies subjective complaints indicating that the patient underwent right knee total arthroplasty on September 18, 2013. The note indicates that nothing has changed. The patient is still in pain and has severe swelling. Objective examination findings identify range of motion of 0 to 120 with mild peripheral edema. The diagnoses include pain in right knee joint out of proportion to physical findings, replaced right knee joint, and aftercare of joint replacement. The treatment plan recommends additional postoperative physical therapy three times per week for 4 weeks and continue home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative Physical Therapy 3x wk x 4 wks right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 over ten weeks following knee arthroplasty. Within the documentation available for review, it appears the patient's surgery was nearly 10 months ago. It is unclear how many therapy sessions the patient has undergone thus far. The most recent physician progress report does not identify any remaining objective functional deficits and does not indicate why any remaining deficits would be unable to be addressed with an independent program of home exercise. The request for Post-operative physical therapy for the right knee, three times weekly for four weeks, is not medically necessary or appropriate.