

<b>Case Number:</b>	CM14-0036087		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Orthopaedic Surgery 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 41-year-old female sustained an industrial injury on 10/17/01. She underwent revision left total knee arthroplasty on 8/5/13. Post-operative physical therapy was provided for 36 sessions. The 2/9/14 treating physician progress report indicated the patient had recently tweaked her knee. The physical exam findings documented non-painful range of motion 0-110 degrees with stable ligaments and normal patella tracking. He opined she strained the vastus medialis oblique musculature. The physical therapy was requested 3x4 for the left knee. The 2/27/14 utilization review denied the request for additional physical therapy based on no indication why the patient was unable to continue her rehabilitation on a home exercise program basis. The 3/27/14 treating physician progress report cited low back, hip and ankle pain, increased with prolonged standing. The objective findings documented left knee flexion 90 degrees with 8-10 degrees short of full extension. The right posterior superior iliac spine was very tender. The treatment plan recommended low level laser to trigger points and a rubber mat to stand on floors. The patient was released to modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee & Leg and Physical Medicine.

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

**Decision rationale:** Under consideration is a request for physical therapy 3 times a week for 4 weeks for the left knee. The California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 4-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The records indicate that the patient had completed 36 post-operative visits with full lower extremity strength and functional range of motion. Having met full strength and functional range of motion, there was no need for additional supervised physical therapy instead of an independent home exercise program. Therefore, this request for physical therapy 3 times a week for 4 weeks for the left knee is not medically necessary.