

<b>Case Number:</b>	CM14-0037793		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/07/2008
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 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 58-year-old male with a 6/7/08 date of injury. The patient underwent bilateral total knee replacements. The patient was seen on 2/4/14 with complaints of 7/10 pain in the bilateral knees, bilateral shoulders, bilateral elbows, bilateral wrists, and great toes. The patient was noted to be on Norco, and was continuing HEP. Exam findings of the right knee revealed no signs of infection or instability, 4+/5 quad strength, 5/5-hamstring strength and 0-120 degrees range of motion. The exam of the left knee revealed no signs of instability, 5/5-muscle strength and 0-130 degrees range of motion. The diagnosis is status post bilateral total knee replacements, right great toe infection, bilateral carpal tunnel syndrome and status post bilateral shoulder surgery. Treatment to date includes bilateral total knee replacements, work restrictions, physical therapy, chiropractic treatment and medications. An adverse determination was received on 2/20/14 for a lack of documentation indicating the date of the surgery, number of postoperative physical therapy sessions and evidence of significant functional deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for four weeks for bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The progress notes indicated that the patient underwent bilateral total knee replacements, however the dates of the surgeries were not provided. In addition, it is not clear how many sessions of postoperative physical therapy and general physical therapy the patient accomplished. Lastly, it was noted that the patient was performing HEP and the latest physical examination did not reveal major functional deficits in the patient's knees. Therefore, the request for physical therapy two times a week for four weeks for bilateral knees is not medically necessary.