

<b>Case Number:</b>	CM14-0044180		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 & Rehabilitation 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 72-year-old female with a 4/1/10 date of injury, and status post right total knee arthroplasty 3/28/13. At the time (3/7/14) of request for authorization for physical therapy 3xwk x 6wks right knee (18), there is documentation of subjective (severe pain in the right knee, worse with activity and weight bearing, severe stiffness) and objective (range of motion 10 to 95 degrees) findings, current diagnoses (right knee osteoarthritis, post-op total knee replacement, right knee arthrofibrosis, and right leg possible reflex sympathetic dystrophy), and treatment to date (activity modification, medications, home exercise program, and physical therapy x 18 visits). 2/28/14 physical therapy progress report identifies patient has completed 18 physical therapy visits with increased walking tolerance and range of motion. There is no documentation of exceptional factors to justify going outside of guideline parameters.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xwk x 6wks Right Knee (18): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Knee and Leg Physical Medicine Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation MTUS Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. 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 recommends a limited course of physical therapy for patients with a diagnosis of arthritis not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and 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 diagnoses of right knee osteoarthritis, post-op total knee replacement, right knee arthrofibrosis, and right leg possible reflex sympathetic dystrophy. In addition, there is documentation of functional benefit or improvement as a result of physical therapy completed to date. However, given documentation of 18 prior physical therapy visits, which exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 3xwk x 6wks right knee (18) is not medically necessary.