

<b>Case Number:</b>	CM14-0052812		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/16/2004
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 7/16/04. He had completed 30 sessions of physical therapy since a right total knee arthroplasty. His physical therapy session on 3/17/14 documented that his knee felt slightly better with his motion slightly better. He was seen by his primary treating physician on 3/20/14 with complaints of right knee soreness and aching. He was discouraged by his 'slow progress' and rated his pain as 7/10. His physical exam showed mild tenderness, stiffness and limited range of motion of the right knee and 'limping ambulation'. A radiograph of the knee showed no increase in osteoarthritis. He was requesting 6 additional sessions of physical therapy which are at issue in this review to regain joint and soft tissue mobilization and improved range of motion and muscle function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** In this injured worker, physical therapy has already been used for 30 sessions as a modality and a self-directed home exercise program should be in place. The medical records provided for review do not support the medical necessity for additional physical therapy visits or that additional visits will improve his function and pain further. The medical necessity for physical therapy x 12 is not substantiated in the records. As such, the request is not medically necessary and appropriate.