

<b>Case Number:</b>	CM14-0063243		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/03/1998
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 has a subspecialty in Pain Medicine 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:

The injured worker is a 65-year-old individual with an original date of injury on September 3, 1998. The injured worker was bending over to the paper into a printer when the cover the printer hit him on the head and he fell backwards, suffering a clavicular fracture injury to the right shoulder, elbow, and neck. The patient has chronic knee pain and a total knee arthroplasty was planned, but could not be completed due to medical issues. The patient had his surgery postponed, and in the meanwhile suffered muscle atrophy and deconditioning as documented in a progress note on April 8, 2014. The disputed request is for preoperative physical therapy. A utilization review determination had modified this request to allow only 2 sessions of physical therapy "in order to provide the claimant with a self-directed active exercise program."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre surgery physical therapy x8, let knee:** Upheld

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

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

**Decision rationale:** In the case of this request, the requesting provider feels that the patient has become deconditioned and would like preoperative physical therapy. The injured worker has documentation of previous physical therapy, and there is no documentation as to why the patient cannot have self-directed home exercises to address issues of deconditioning. Therefore, rather than 8 sessions of physical therapy, a modification is appropriate for instruction in home exercises. If the patient is unable to tolerate or progress with home exercises, they should be documented and at that point additional sessions of physical therapy may be warranted. At this time, the original request for 8 sessions of physical therapy is not medically necessary.