

<b>Case Number:</b>	CM14-0066588		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/07/1995
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Management 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 patient with a date of injury of April 7, 1995. A utilization review determination dated 5/1/2014 recommends noncertification for additional physical therapy for the right knee. A progress note dated April 14, 2014 identify subjective complaints indicating that the patient is 4 weeks status post right knee replacement and is doing well. She is off her pain medication and is in outpatient therapy ambulating independently and back to driving. Physical examination findings reveal mild effusion around the right knee with normal alignment and no instability. The patient's range of motion is 0 to 130 with intact "extensor mechanism." Diagnosis is status post right knee replacement, doing well. The treatment plan recommends continued outpatient physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 6-8 Visits for the Right Knee.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 24 therapy visits following total knee arthroplasty. Within the documentation available for review, it is unclear how many therapy sessions the patient has already undergone. Additionally, there is no indication of any remaining objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.