

<b>Case Number:</b>	CM14-0076142		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Occupational Medicine, and is licensed to practice in Texas. 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 68-year-old female injured on 09/12/02 due to undisclosed mechanism of injury. Current diagnosis included status post right total knee arthroplasty. Clinical note dated 04/29/14 indicated the injured worker reported increasing pain in the anterior knee over several months particularly with climbing stairs. Physical examination revealed excellent range of motion with no increasing instability. Physical examination revealed no muscle spasm, motion was normal, no pain was elicited without motion, tenderness observed on ambulation, and normal movement. Motor strength was reduced on examination. The injured worker was recommended physiotherapy to improve strength due to quadriceps deficit. The injured worker attended post-operative physical therapy; however, the exact number of sessions, date of completion, and date of surgical intervention was not provided for review. The initial request for twelve physical therapy sessions for right knee was not granted on 05/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions for right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, current guidelines recommend 9 visits over 8 weeks for the treatment of knee pain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. Documentation indicates the injured worker attended post-operative physical therapy; however, the number of sessions and date of completion was not provided for review. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. The medical necessity of the twelve physical therapy sessions for right knee cannot be established at this time. Therefore, the request is not medically necessary.