

<b>Case Number:</b>	CM14-0081063		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Orthopedic Surgery 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 50-year-old male maintenance worker sustained an industrial injury on 9/1/04. The injury occurred when he slipped going down stairs and fell on his left leg. Past medical history was positive for two left knee arthroscopies. The patient had worsening pain and considerable deformity and had failed conservative treatment. The patient underwent left total knee replacement on 10/21/13 and subsequent revision total knee replacement on 11/15/13. The 4/17/14 treating physician progress report cited the patient was doing well 6 months post-op with soreness and occasional swelling. Left knee exam documented range of motion 0-115 degrees and 2+ effusion. Left lower extremity motor response was noted with no documentation of specific strength grades. The treatment plan indicated the patient would benefit from additional physical therapy for persistent pain, swelling, and stiffness. The 4/29/14 appeal letter indicated the patient was status post left total knee replacement and subsequent revision for instability, larger liner size, and medial retinacular release. The patient had been slow to improve with continued pain, stiffness, and swelling. Physical therapy had been provided on an interrupted schedule for 28 visits, with fewer visits authorized than requested. A final group of 8 physical therapy visits were requested to give a final push for range of motion and hopefully resolve pain and swelling in the process. The 5/8/14 utilization review denied the request for additional physical therapy as the patient was 6 months post-op and beyond the time allowed by guidelines. The problem appeared to be persistent pain and swelling which would not be relieved by further therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy QTY 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical medicine, page(s) 9, 98-99 Page(s): 98-99.

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 4-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There is no current documentation to support the medical necessity of on-going supervised physical therapy over an independent home exercise program. The patient had completed 28 post-operative visits and should be well-versed in a home exercise program. Range of motion is within functional limits and strength deficits are not noted. There is no current functional assessment or functional treatment goal for additional therapy. Therefore, this request for additional physical therapy, quantity 8 visits, is not medically necessary.