

<b>Case Number:</b>	CM14-0086666		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/28/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Orthopedic Surgeon, 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 46 year old male with a reported date of injury on 06/28/2003. The mechanism of injury was a twisting injury. The injured worker's diagnoses included status post bilateral unicompartmental knee replacements, degenerative joint disease of bilateral knees, rheumatoid arthritis and chondromalacia of the left knee. The injured worker's past treatment included medication, and physical therapy. The injured worker's diagnostic testing included bilateral hip x-rays on 01/06/2014. The injured worker's surgical history included bilateral unicompartmental knee replacements on 01/06/2014. The injured worker was evaluated on 02/18/2014. The clinician observed and documented that the left knee was further advanced than right knee which showed a slight flexion contracture. Left knee range of motion showed 85-90 degrees of flexion. A physical therapy extension was ordered. The injured worker was evaluated on 03/26/2014 where he reported left knee pain along the patellofemoral joint and terminal extension crepitus. The clinician observed and reported in office x-rays showed the implant to be in excellent alignment without evidence of loosening. Range of motion of left knee showed 114 degrees of flexion with forward extension. The injured worker was evaluated on 05/06/2014 where the clinician observed and reported crepitus with passive and active range of motion, persistent side effusion, and temperature gradient and reported the physical therapist's findings of grade IV/V muscle test of hamstring and quadriceps with hypermobile patella. The most recent physical therapy note provided indicated the left knee had 90 degrees of passive flexion and 5 degrees of passive extension and indicated the injured worker tolerated treatment well, but did not discuss a home exercise program. The injured worker's medications included Percocet 10/325 1-2 tablets every 4 hours as needed for pain. The clinician documented a treatment plan to include a work hardening program, Synvisc injections, and a follow up visit. The request was

for 12 Physical therapy sessions to the left knee (3x4) for degenerative joint disease. The request for authorization was submitted on 05/09/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 Physical therapy sessions to the left knee (3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, 12th edition (web), 2014 Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for 12 Physical therapy sessions to the left knee (3x4) is not medically necessary. The injured worker was status post bilateral unicompartmental knee replacements on 01/06/2014 and completed the initial post-surgical physical therapy though the actual number of visit was not provided. THE California MTUS Chronic Pain Guidelines recommend 8-10 physical therapy visits over 4 weeks with fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is a lack of documentation indicating how many sessions of physical therapy the injured worker has completed. The prior physical therapy improved the injured worker's range of motion; however, the most recent note did not provide active range of motion values. The physical findings that were provided do not indicate significant functional deficits for which a formal program of physical therapy would be indicated. There is a lack of documentation demonstrating why a formal program of physical therapy would be necessary as opposed to a home exercise program. The request for 12 sessions of physical therapy would exceed the guideline recommendations. Therefore, the request for 12 Physical therapy sessions to the left knee (3x4) is not medically necessary.