

<b>Case Number:</b>	CM14-0091227		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 and Rehabilitation 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 57-year-old male with a date of injury of 10/8/2011. According to available documentation, the patient has a history of chronic right knee pain. On 3/3/14, a claims examiner authorized right knee arthroplasty. After a failure of conservative care patient had arthroscopic repair of the right knee on 4/12/12. However, the injured worker underwent right total knee replacement performed on 04/07/2014. He is taking Oxycodone (Percocet) about 2 daily. He is experiencing moderate pain post-operatively. His pain level is three out of ten. Post-operative radiographs reveal status post knee arthroplasty with good prosthesis alignment. There were no changes from post-operative views. The provider advised additional physical therapy. The specific treatment plan requested was 12 physical therapy visits between 5/28/2014 and 7/13/2014. The Utilization Review determination stated that the prospective request for 12 physical therapy visits has been modified to a certification of 6 physical therapy visits between 5/28/2014 and 7/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** As per California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per Official Disability Guidelines, Physical Therapy (PT) is recommended for chronic knee pain. Physical Therapy is recommended as 9 visits over 8 weeks for Osteoarthritis. The records lack detailed pain and functional assessment to support any indication of more physical therapy visits. There is no documentation of any significant improvement in pain or function with prior therapy. Furthermore, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the request is considered not medically necessary.