

<b>Case Number:</b>	CM14-0187193		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 72-year-old female who sustained an industrial injury on 8/17/10. She underwent right total knee arthroplasty on 2/10/14. Records indicated that physical therapy was initiated immediately following physical therapy in the inpatient and home health setting. Records documented out-patient physical therapy from 3/17/14 to 6/24/14 with slow improvement in the lower extremity functional inventory score, range of motion, and strength. There was no documentation as to the total number of visits. Additional physical therapy was requested 2x6. There is no documentation whether additional physical therapy treatment was provided. The 8/13/14 treating physician report cited intermittent bilateral low back pain radiating to the left lower extremity with numbness, and grade 8/10 right knee pain. She reported difficulty sleeping due to pain. Pain was increased with prolonged standing and walking, walking on uneven surfaces, repetitive bending, climbing, lifting heavy objects, and cold weather. Pain was reduced with rest, activity modification, and ice. Lumbar exam documented moderate paraspinal tenderness and range of motion limited by pain. Right knee exam documented non-specific tenderness with range of motion 5-120 degrees. Additional physical therapy was requested 2x6 to improve range of motion and strength, while decreasing swelling and pain levels. The 10/1/14 utilization review non-certified the request for additional post-operative physical therapy times 6 for the right knee as there was no objective outcome or scope of prior physical therapy documented in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post op physical therapy x 6, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 24.

**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. The patient underwent a total knee arthroplasty and attended post-op physical therapy through at least 6/24/14 with slow improvement documented. Additional treatment was requested but there is no documentation of functional improvement achieved. There is no compelling reason to support the medical necessity of additional supervised care over an independent home exercise program to address/achieve rehabilitation goals. Therefore, this request is not medically necessary.