

<b>Case Number:</b>	CM14-0193299		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/29/2004
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 64-year-old with a reported date of injury of 05/21/2004, 01/29/2004 and 10/06/2007. The patient has the diagnoses of knee pain status post left total knee replacement on 02/10/2014, right knee pain status post arthroscopy on 02/04/2012, lumbar spine sprain/strain and MRI evidence of lumbar multilevel disc desiccation and mild facet degenerative joint disease from 01/16/2014. Per the most recent progress notes from the primary treating physician dated 10/06/2014, the patient had complaints of knee stiffness and inability to bend the knee completely. The physical exam noted decreased range of motion in the left knee with pain in flexion. Treatment plan recommendations included additional physical therapy, continuation of oral medications, home exercise program and TENS therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1-2x6 LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical physical therapy Page(s): 24.

**Decision rationale:** The California chronic pain medical treatment guidelines section on post-surgical physical therapy of the knee states: Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Minns Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) Arthritis (Arthropathy, unspecified) (ICD9 [REDACTED]): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks \*Postsurgical physical medicine treatment period: 4 months. Per the most recent progress notes, the patient has completed 16 physical therapy sessions. The patient is also over 4 months out from surgery. Therefore continued physical therapy is not warranted per the California MTUS recommendations as listed above. There is no indication that the patient cannot be transitioned to home physical therapy. The request is thus not medically necessary.