

<b>Case Number:</b>	CM14-0194062		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Rehab 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 was a 56 year male, who was injured on the job, September 19, 2013. The injured worker suffered a right knee injury that resulted in a right knee arthroplasty, on March 31, 2014. The injured worker received two weeks of home care services and physical therapy. The progress note of June 12, 2014, noted the injured worker was having new posterior right knee pain that awakened him from sleep. The injured worker also had continued pain on the anterior knee along the sides of the patella, with limitation to walking and standing limitations of 5-10 minutes. The injured workers pain level was 4-6; 0 being no pain and 10 being the worst pain. According to the progress note of June 24, 2014, the injured worker was improving with Range of Motion (ROM) in the right knee and muscle flexibility. The progress note of July 10, 2014 showed great improvement of the flexibility of the right low extremity and the left. The injured worker was seen by the orthopedic surgeon on August 26, 2014 and felt the injured worker had had a set back after a cardiac arrest and pace maker placement, but released the injured worker back to work on August 26, 2014. According to the progress note of October 7, 2014, the radiology report stated the right knee prosthesis showed no signs of loosening or wear. The surgeon stated the right knee a slight effusion. The Range of Motion (ROM) was 0-120 degrees. The injured worker was ambulating without a cane with no antalgic gait pattern. The surgeon felt the injured worker had become deconditioned from the cardiac arrest. On November 5, 2014 the UR denied post-operative physical therapy 3 times a week for 6 weeks for the right knee, due to the MTUS guidelines for post-surgical rehabilitation for the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 3 times a week for 6 weeks for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, Postsurgical Treatment Guidelines.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Postoperative Treatment Guidelines state that additional physical therapy may be provided if there are specific functional goals which are documented by the treating physician. Additionally, the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends overall to allow for fading of treatment frequency plus active self-directed home physical medicine. Overall, this patient would be expected to have previously transitioned to an independent home rehabilitation program. The treating physician notes that this patient had a setback with deconditioning due to cardiac arrest. While indeed that would likely justify a modification of the rehabilitation program, the medical records do not discuss specific plans and goals and methods for additional postoperative physical therapy. The treating physician notes in particular do not discuss a rationale as to why such extensive additional physical therapy of 18 visits would be necessary. For these reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.