

<b>Case Number:</b>	CM14-0195104		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/26/2003
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 7/26/03. A utilization review determination dated 11/11/14 recommends non-certification of PT. 10/27/14 medical report identifies that the patient is s/p left knee TKA on 4/4/14 and recently noticed a lump forming along the lateral knee joint. This happened after walking four miles about two weeks earlier. It is tender and he feels unstable, and he is now walking 3 miles per day with stiffness in the morning. On exam, there is limited ROM 2-110 with a "lump" on the lateral joint that tender and right at the IT band. The IT band is very tight. There is also medial joint tenderness. The provider recommended a short course of PT to stretch out the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x4 on the left knee:** Overturned

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

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

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an

extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the patient is noted to have a history of total knee replacement just over 6 months prior to the current request. The surgery was followed by postoperative PT. He had a recent occurrence of increased tenderness and stiffness with the formation of a lump on the knee. It feels unstable and he is walking less than before. The provider noted some tightness of the IT band and the patient currently lacks full extension. The provider recommended a short course of PT to stretch out the knee. The request is for 8 sessions, which is within the recommendations of the CA MTUS, and a short course of PT is reasonable prior to consideration for other forms of diagnosis/treatment given the presence of new findings on exam. In light of the above, the currently requested physical therapy is medically necessary.