

<b>Case Number:</b>	CM14-0198404		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 25, 2010. In a Utilization Review Report dated November 28, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as six sessions of physical therapy. The claims administrator stated that the applicant had undergone a total knee arthroplasty surgery on September 8, 2014 and had attended 18 sessions of physical therapy through November 10, 2014. The claims administrator stated that its partial approval was based on the MTUS Postsurgical Treatment Guidelines and MTUS 9792.20f. The claims administrator stated that the applicant had undergone 13 prior knee surgeries, four neck surgeries, and four shoulder surgeries. The applicant's attorney subsequently appealed. In a December 3, 2014 physical therapy treatment log, it was stated that the applicant had obtained 21 sessions of physical therapy through that point in time, one of which was apparently done without authorization. In an August 20, 2014 progress note, it was stated that the applicant remained on "full disability." The applicant had had 13 total knee surgeries. The applicant had severe degenerative joint disease. Total knee arthroplasty was pending, it was acknowledged. The applicant underwent the total knee arthroplasty in question on September 8, 2014. In a work status report dated November 14, 2014, the applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. In a progress note dated October 3, 2014, it was stated that the applicant would remain off of work on "full disability." The applicant was apparently ambulating with the aid of a cane. The applicant had good range of motion. The applicant was using two to three Percocet a day. 110 degrees of knee range of motion were noted. The applicant was asked to drive and swim. In a progress note dated November 14, 2014, the attending provider stated, in stark contrast to his work status report of the same date, that the applicant would remain on "full

disability." The applicant was two months status post total knee arthroplasty. The applicant stated that his knee recovery was good. 120 to 125 degrees of knee range of motion were appreciated. Additional physical therapy was endorsed. It was stated that the applicant will return to work on January 9, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional PT x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The applicant has seemingly had prior treatment authorized (24 sessions, per the claims administrator), seemingly consistent with the 24-session course recommended in the MTUS Postsurgical Treatment Guidelines following total knee arthroplasty surgery, as apparently transpired here. While this recommendation is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine is contingent on applicant-specific risk factors such as the number of previous surgeries involving the same body part, in this case, however, the applicant was described on an office visit of November 14, 2014, referenced above, as exhibiting a well-healed incision and 125 degrees of knee range of motion. The applicant was making favorable progress. It was unclear why treatment beyond the MTUS-endorsed course would be needed or warranted here, particularly in light of the fact that MTUS 9792.24.3.c.4 stipulates that the frequency of treatment shall be gradually reduced as an applicant gains independence in management of symptoms and with achievement of functional goals. Here, all evidence on file pointed to the applicant's having achieved or achieving functional goals on or around November 14, 2014, i.e., on or around the date additional physical therapy was sought. Therefore, the request was not medically