

<b>Case Number:</b>	CM14-0034375		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/16/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 51 year old female, who sustained an industrial injury on 4/16/09. She has reported right knee injury. The diagnoses have included chronic pain right knee, fibrous ankylosis right knee, and osteoarthritis of the leg and joint pain of the leg. Treatment to date has included medications, diagnostics, and 24 physical therapy sessions to date. Surgery included right total knee replacement 5/23/12. Currently, the injured worker complains of pain and swelling in the right knee status post right total knee replacement 5/23/12. She denies and recent trauma. She complains of decreased range of motion and increased swelling. She has had no recent treatments and has just been taking extra strength Tylenol for the pain. The X-ray of the right knee dated 2/20/14 revealed no changes, a well situated prosthesis. Physical exam revealed significant swelling about the knee. The range of motion is from 0-95 degrees with some pain at the extremes. Good stability was noted. Treatment was to prescribe Celebrex to decrease the swelling, Tramadol for pain and physical therapy to get her motion back to where it was previously. There was no previous therapy sessions noted in the records. On 3/17/14 Utilization Review non-certified a request for Physical Therapy 3 x 6 to the right knee noting the (MTUS) Medical Treatment Utilization Schedule chronic pain physical medicine were guidelines cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 6 to the right 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** This 51 year old female has complained of right knee pain since date of injury 4/16/09. She has been treated with right knee surgery in 05/2012, medications and 24 sessions of physical therapy thus far. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain. The submitted medical documentation indicates that the patient has already received this amount of passive physical therapy. Additionally, there is inadequate documentation of functional improvement from prior sessions of physical therapy. On the basis of the MTUS guidelines and available medical documentation, an additional 18 sessions of passive physical therapy is not indicated as medically necessary.