

<b>Case Number:</b>	CM15-0106817		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old woman sustained an industrial injury on 6/24/2010. The mechanism of injury is not detailed. Evaluations include undated right knee x-rays. Diagnoses include right knee replacement and left knee severe arthritis. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 5/14/20-15 show complaints of right knee pain at the surgical site. Recommendations include additional physical therapy, future left knee replacement, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13

Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient complains of some pain, pes bursitis, and iliotibial band in the right knee, and severe arthritis of the left knee, as per progress report dated 05/14/15. The request is for PHYSICAL THERAPY EVALUATION RIGHT KNEE. There is no RFA for this case, and the patient's date of injury is 06/24/10. The patient is status post right total knee arthroplasty on 09/24/14, as per progress report dated 05/14/15. The report does not document the patient's work status. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, only one progress report dated 05/14/15 is available for review. As per the report, the patient has completed some PT sessions in the past, which helped her improve. The treater states, "She is gaining more function and less pain." As per the UR denial letter, the patient has completed unknown number of sessions after the surgery and has been authorized for 12 additional sessions. The treater, however, does not discuss the purpose of repeat evaluation. A physical therapist should have evaluated the patient prior to initial therapy. ACOEM does not support follow-up evaluations. Hence, the request IS NOT medically necessary.