

<b>Case Number:</b>	CM15-0135491		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Pain Management

### 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 52-year-old female who sustained an industrial injury on 2/20/14. Progress report dated 4/15/15 reports continued complaints of left knee pain described as aching moderate and diffuse over kneecap. The injured worker is post status left total knee replacement arthroplasty on 1/16/15. Physical therapy was delayed after surgery and the knee became quite stiff. She required left knee manipulation under anesthesia on 3/24/15. She is doing better with medications and physical therapy. She is able to walk without a walker. Diagnosis is left knee stiffness post op left total knee replacement. Plan of care includes: refilled medications; Oxycontin and percocet, will need to go through physical therapy program. Work status: temporary totally disabled. Follow up in 2-3 weeks. Notes indicate that the patient has made dramatic improvements with recent therapy, but the patient needs additional strengthening and stamina, which would require additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Left Knee, 3 times wkly for 6 wks, 18 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but it is unclear how many sessions of therapy have already been provided, and it is likely that the 18 sessions requested, along with the previously provided sessions would exceed the 24 visits supported by guidelines for the patient's diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.