

<b>Case Number:</b>	CM15-0140570		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Massachusetts

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 56 year old female patient who sustained an industrial injury on September 14, 2012. A recent physical therapy session visit dated June 10, 2015 reported the subjective chief complaint of left knee pain. There is discussion regarding post-operative therapy sessions and noted the patient only having attended a few sessions due to the fact that she did not realize that the scheduling was initiated by the patient and she did not think that there was more sessions as no one phoned her with an appointment. She states having continued stiffness and left knee pain. She is not performing any exercises at home. Her surgical history included: left total knee replacement on 12-08-2014 and a meniscal repair on 03-14-2013. The patient's problem list consisted of: lower extremity edema; gastroesophageal reflux, obesity, osteoarthritis, knee, hand; pes anserinus bursitis, and total knee replacement. Current medications consist of: Ibuprofen, and Percocet 5-325mg. She is noted with allergy to Vicodin. Objective findings showed the left knee incision line benign, range of motion at 20 and 90 degrees. Diagnostic radiography, left knee done this visit showed no fractures; implant intact, status post total replacement. The plan of care noted recommending restarting physical therapy to initiate exercises for range of motion as the patient is not a good surgical candidate due to lack of motivation and compliance with physical therapy. She is to remain off from work until range of motion and function is improved. The patient will follow up in three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 12 to the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in September 2012 and is being treated for left knee pain. She underwent a total knee replacement in December 2014 and had manipulation under anesthesia on 02/09/15. She has completed 24 post-operative physical therapy treatments since undergoing arthroplasty. When seen, she was having ongoing left knee pain and stiffness. She was not performing a home exercise program. There was decreased knee range of motion. Her BMI was over 39. Another manipulation was not recommended. Additional physical therapy was requested. Guidelines address the role of therapy after knee arthroplasty with a postsurgical physical medicine treatment period of 6 months and up to 24 physical therapy visits over 10 weeks with a post-surgical treatment period of 4 months. In this case, the claimant's surgery was more than 6 months ago and therefore the chronic pain treatment guidelines apply. Additionally, the claimant has already had physical therapy with limited improvement. Failing to have a home exercise program may be the explanation for her current degree of impairment. In this case, the number of visits requested is in excess of that recommended or what might be needed to establish a home exercise program. An independent exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and would best meet her needs. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.