

<b>Case Number:</b>	CM15-0144022		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Hawaii

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:

The injured worker is a 52 year old male who sustained an industrial injury on 2-4-2010. The mechanism of the injury is not documented. He has reported right knee pain and has been diagnosed with knee arthropathy, post total knee arthroplasty, bursitis, and arthritis of the right knee joint. Treatment has included medications and injection. He had moderate to severe knee pain bilaterally more on the right. His active range of motion was very limited due to pain. There was inflammation and swelling on and around his knee joint on the right. The treatment plan included physical therapy and medications. The treatment request included physical therapy to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Right Knee, Qty 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Physical therapy, Right Knee, Qty 12 sessions. The treating physician report dated 6/16/15 (25B) states, "Recommend physical therapy on right knee 2x/wk x 6 weeks." A report dated 6/2/15 (29B) states, "Patient has moderate to severe knee pain, bil. More on right of which he had had total knee replacement. According to patient, he has not regained adequate function of his knee joint." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The patient is status post total right knee replacement in 2014 (month unknown) (28C), and is no longer within the post-surgical treatment period of 6 months outlined by the MTUS-PSTG. The medical reports provided do not show if the patient has received prior physical therapy. In this case, the patient is no longer within the post-surgical treatment period and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.