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| <b>Case Number:</b>   | CM15-0161373 |                              |            |
| <b>Date Assigned:</b> | 08/28/2015   | <b>Date of Injury:</b>       | 05/11/2009 |
| <b>Decision Date:</b> | 10/02/2015   | <b>UR Denial Date:</b>       | 07/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2015 |

### 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 55 year old female, who sustained an industrial injury on 5-11-2009. The mechanism of injury occurred when a vacuum was knocked onto her knee. The injured worker was diagnosed as having left knee osteoarthritis and prior left ankle fracture. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-1-2015, the injured worker reports physical therapy has been over for 3 weeks and she is doing knee stretches on her own. Physical examination showed decreased knee range of motion. The treating physician is requesting additional Registered nurse and physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional RN/PT visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The patient presents with left shoulder and left knee pain. The patient is status post left TKA from 05/18/2015. The current request is for Additional RN/PT visits. The treating physician's report dated 7/22/2015 states, "She is doing stretches. Had PT until 3 weeks ago (6 visits in house)." The physician further noted, "She needs more focused PT at an established facility. 3 visits/week times 4 weeks, 12 visits." The MTUS Post-Surgical Guidelines page 24 and 25 on Arthropathy recommends 24 visits over 10 weeks. Medical records show 2 physical therapy visits from 06/04/2015 and 06/18/2015. It is unclear from the medical records how many physical therapy visits the patient has received thus far. In this case, while additional PT visits may be appropriate for this patient given her recent surgery, the current request does not specify the number of sessions and duration. The MTUS Guidelines recommend up to 24 visits over 10 weeks. The current request is not medically necessary.