

<b>Case Number:</b>	CM15-0164639		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 63-year-old female who sustained an industrial injury on May 15, 2012 resulting in right knee pain and decreased mobility. Diagnoses have included right knee osteoarthritis and chondromalacia. Documented treatment includes cortisone and hyaluronic acid injections with reported temporary relief, total right knee replacement on May 20, 2015, physical therapy, and ice. The injured worker continues to report right knee pain, which is made worse with extreme movements and range of motion. The treating physician's plan of care includes 12 sessions of physical therapy for the right knee. Current work status is retired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee Qty: 12: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right knee quantity #12 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are primarily localized osteoarthritis lower leg; and pain in joint lower leg. Date of injury is May 15, 2012. Request for authorization is August 14, 2015. The injured worker is status post right total knee arthroplasty May 20, 2015. The total number of physical therapy sessions, according to the progress note documentation, is not specified. Utilization review indicates the injured worker received 21-22 out of 24 sessions of physical therapy for the knee. The guidelines recommend 24 sessions over 10 weeks. The treatment plan indicates an additional request for physical therapy at two times per week times four weeks. The IMR contains a request for #12 sessions of physical therapy. Regardless of the request, the injured worker is #4 sessions short of the guideline recommended 24 sessions. There are no compelling clinical facts in the medical records indicating additional physical therapy over the recommended guidelines (#24) is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no compelling clinical facts indicating additional physical therapy over the recommended (#24) guidelines is clinically indicated, physical therapy to the right knee quantity #12 is not medically necessary.