

<b>Case Number:</b>	CM15-0167830		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 59 year old female, who sustained an industrial injury on 12-10-2010. The injured worker was diagnosed as having sprains and strains of other specified sites of knee and leg, contusion of lower limb and of other and unspecified sites, tear of medial cartilage or meniscus of knee, current, and chondromalacia of patella. Treatment to date has included left total knee replacement on 11-13-2014, physical therapy, home exercise program, and medications. Currently (8-10-2015), the injured worker complains of pain in her left knee, rated 8 out of 10. She reported getting a lot of spasms and could not walk up stairs without feeling pain. Her medications included Prevacid and Ketoprofen. Exam of the left knee noted range of motion 0-105 degrees, with pain and stable. She remained off work. The treatment plan included additional physical therapy for the left knee, 3x4. On 8-19-2015, Utilization Review non-certified the request for physical therapy, noting 36 post-operative physical therapy visits. Pain levels seemed consistent since at least 3-30-2015, at which time range of motion was documented 5-120 degrees (0-120 on 2-09-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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 three times per week times four weeks to the left knee 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteoarthritis unspecified; pain in joint lower leg; contusion of knee/leg; and chondromalacia patella. Date of injury is December 10, 2010. Request for authorization is August 12, 2015. The injured worker is status post left total knee arthroplasty November 13, 2014. The injured worker received 36 postoperative physical therapy sessions and is engaged in a home exercise program. The most recent physical therapy was provided April 2015. There is no running total of physical therapy sessions to date documented in the medical record. There is no documentation demonstrating objective functional improvement. According to an August 10, 2015 progress note, subjectively the injured worker complains of ongoing left knee pain 8/10. Objectively, the left knee range of motion is 0 to 105. There is no instability noted. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no compelling clinical documentation indicating additional physical therapy over the recommended guidelines is clinically indicated and no documentation demonstrating objective functional improvement (from 36 prior postoperative PT sessions), physical therapy three times per week times four weeks to the left knee is not medically necessary.