

<b>Case Number:</b>	CM15-0168641		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45 year old female, who sustained an industrial injury on March 30, 2013. Several documents are included in the submitted medical records are difficult to decipher. She reported falling and injuring her right knee. The injured worker was diagnosed as having right knee pain, knee joint replaced by other means, and chronic renal failure, gastroesophageal reflux disease, hyperlipidemia, and diabetes. On October 4, 2013, a right knee arthroscopic debridement with a partial lateral meniscectomy. She developed right knee pain right after this surgery. On July 1, 2014, she underwent a right total knee replacement. Her range of motion remained quite restricted despite postoperative physical therapy. On October 2, 2014, she underwent right knee arthroscopic debridement and manipulation under anesthesia, which was not of much benefit. On February 24, 2015, she underwent a repeat arthroscopic debridement and manipulation under anesthesia, which resulted in a periprosthetic fracture of the distal femur. On February 25, 2015, she was re-admitted to the hospital for a reduction and repair of the distal right femur fracture. Each surgery was followed by physical therapy, which was of little benefit. Medical records (May 7, 2015 to July 7, 2015) indicate ongoing intermittent and moderate right knee, right leg, and right ankle pain with tingling and weakness of the right leg. Her pain was rated 4-5 out of 10. She described the pain as burning with pins and needles. Records also indicate she ambulated with a walker. The physical exam (May 7, 2015 to July 7, 2015) reveals unchanged right knee forward flexion and extension, positive crepitus and edema, and tenderness to palpation over the medial and lateral joint lines. Treatment has included at least 63 sessions of postoperative physical therapy (per the physical therapy progress note of June 30,

2015), a knee brace postoperatively, a continuous passive motion machine, a home exercise program, a walker, a cane, partial weight bearing, and medications including pain and non-steroidal anti-inflammatory. The requested treatments included 8 sessions of Physical therapy for the right knee. On August 3, 2015, the original utilization review non-certified a request for 8 sessions of Physical therapy for 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 2 x 4, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" In this case, the patient underwent at least 64 sessions of physical therapy without clear documentation of efficacy. In a report dated July 13, 2015 it has been noted that following the February 25, 2015, the patient has had physical therapy without much benefit. There is no documentation that the patient cannot perform home exercise. Therefore, the request for 8 physical therapy sessions for the right knee is not medically necessary.