

<b>Case Number:</b>	CM15-0181581		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 52 year old male with a date of injury of September 26, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for knee sprain and osteoarthritis of the right knee. The injured worker underwent a right total knee arthroplasty on February 25, 2015 and right knee manipulation on April 30, 2015 due to persistent stiffness of the knee. Medical records dated July 23, 2015 indicate that the injured worker complains of stiffness of the right knee and low back pain due to an altered gait. Records also indicate that the injured worker was "Had a difficult time with physical therapy". A progress note dated June 23, 2015 notes that the injured worker was making gains with physical therapy and the pain was decreasing. Per the treating physician (June 23, 2015), the employee was temporarily totally disabled. The physical exam dated July 23, 2015 reveals right knee range of motion 10 to 100 degrees, no gross instability, and the patella tracks well. The progress note dated June 23, 2015 documented a physical examination that showed right knee range of motion of 7 to 95 degrees. Treatment has included at least fifty sessions of physical therapy for the right knee since March of 2015. The original utilization review (August 21, 2015) non-certified a request for twelve sessions of continued 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:

**Continued outpatient physical therapy right knee 2 times a week for 6 weeks Qty 12:**

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, and Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Continued outpatient physical therapy right knee 2 times a week for 6 weeks Qty 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 20 postsurgical manipulation of the knee under anesthesia PT visits over 8 weeks within a postop period of 6 months. The MTUS recommends up to 24 visits of PT post total knee arthroplasty over 10 weeks. The Chronic Pain Medical Treatment Guidelines encourage a transition to an independent home exercise program. The documentation indicates that the patient has had extensive PT of at least 50 sessions since March 2015. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.