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| <b>Case Number:</b>   | CM15-0181663 |                              |            |
| <b>Date Assigned:</b> | 09/22/2015   | <b>Date of Injury:</b>       | 09/14/2014 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <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: Massachusetts

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

### 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 56-year-old male sustained an industrial injury on 9-14-14. Documentation indicated that the injured worker was receiving treatment for status post right total knee replacement (12-8-14). The injured worker received postoperative physical therapy, a hinged knee brace, home exercise and medications. In a PR-2 dated 5-19-15, the injured worker reported right knee pain and swelling after standing for about an hour. The injured worker still complained of right knee weakness. Physical exam was remarkable for right knee range of motion from 0 to 115 degrees without instability. The treatment plan included finishing physical therapy. In a PR-2 dated 6-30-15, the injured worker stated that he was able to walk for 3 to 4 hours before having increased pain and swelling. Physical exam was remarkable for right knee range of motion 0 to 125 degrees with 4 out of 5-quadriceps strength. In the most recent documentation submitted for review, a PR- 2 dated 7-21-15, the injured worker reported having pain and swelling after standing for more than 2 ½ hours. The injured worker had been walking on the beach to strengthen his legs. The physician noted that the injured worker had clinical improvement in his strength by approximately 10% per patient report. Physical exam was remarkable for right knee range of motion 0 to 120 degrees with 1+ laxity on medial side bending and up to 30 degrees flexion. The knee was otherwise stable and not swollen. The treatment plan included continuing home exercise and requesting physical therapy in three weeks for work hardening. On 8-25-15, Utilization Review noncertified a request for physical therapy twice a week for six weeks 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 times 6 for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening, and Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The claimant sustained a work injury in September 2014 and underwent a left total knee replacement in December 2014. As of 06/04/15, he had completed 31 postoperative treatments including instruction in a home exercise program. He was having improving pain with intermittent swelling especially after prolonged weight-bearing activity. When seen, he was having ongoing pain and swelling when standing for more than 2.5 hours. Physical examination findings included an absence of swelling with range of motion from 0 to 120 degrees. Recommendations included a continued home exercise program and beginning physical therapy in three weeks for work hardening. Temporary total disability was continued. The claimant works as an adjuster. The purpose of work conditioning/hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau and a defined return to work goal. In this case, the claimant's occupation is likely at a light PDL requirement and there is no return to work plan. A functional capacity evaluation would be required to determine the need for ongoing work restrictions. The request is not considered medically necessary.