

<b>Case Number:</b>	CM15-0182417		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 12-22-09. A review of the medical records reveals the injured worker is undergoing treatment for right knee end stage osteoarthritis and status post right total knee arthroplasty. Medical records (08-27-15) reveal the injured worker complains of only "minimal" pain. She is transitioning from outpatient physical therapy to home physical therapy. The physical exam (08-27-15) reveals range of motion in the right knee from 5 to 115 degrees of flexion actively. The physician plans on the injured worker transitioning from a walker to a cane. There are no physical therapy notes provided in the submitted documentation. Prior treatment includes right knee replacement, medications and physical therapy. The original utilization review (09-08-15) non-certified the request for 12 additional physical therapy sessions to 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): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Review indicates the patient is s/p knee arthroplasty and has completed at least 16 postop PT with transition from outpatient PT to a home exercise program. Current knee range is 5-115 degrees with minimal pain noted. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines with current request for an additional 12 visits to total 28 sessions. The Physical therapy 2 times 6 for the right knee is not medically necessary and appropriate.