

<b>Case Number:</b>	CM15-0183204		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Arizona, Texas

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:

This 62 year old female sustained an industrial injury on 6-6-12. Documentation indicated that the injured worker was receiving treatment for right knee osteoarthritis. Past medical history was significant for hypertension, pulmonary hypertension and diabetes mellitus. The injured worker underwent right total knee replacement on 11-3-14 and revision of malpositioned tibial component of right total knee replacement on 11-4-14. The injured worker received postoperative physical therapy and medications. The injured worker developed left ankle pain and swelling following knee replacement due to altered gait. In an agreed medical evaluation dated 7-6-15, the physician noted that the injured worker's condition had reached a clinical plateau. In a PR-2 dated 6-2-15, the injured worker complained of anterior leg pain and swelling but no "real" knee pain. Physical exam was remarkable for right knee range of motion 0 to 90 degrees, 3+ pitting edema and an antalgic gait. The physician noted that x-rays of the right knee showed that the right total knee replacement was "okay". X-rays of the right tibia and fibula and left ankle were within normal limits. The treatment plan included an internal medicine consultation for venous disease. In a PR-2 dated 8-25-15, physical exam was remarkable for right knee range of motion 0 to 95 degrees and no pitting edema. The injured worker walked with a slightly antalgic gait. The treatment plan included Tramadol ER. On 9-8-15, 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 a week for 6 weeks 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.

**Decision rationale:** According to the MTUS, passive therapy 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. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the patient has had prior surgery to the knee with subsequent physical therapy. The documentation does not indicate a new injury or problem. The additional PT sessions are not medically necessary as the patient could be treated with a home exercise program.