

<b>Case Number:</b>	CM15-0184326		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/14/2007
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 49 year old female, who sustained an industrial injury on 6-14-2007. The injured worker was diagnosed as having knee joint replacement and chondromalacia patella. Treatment to date has included diagnostics, left partial knee replacement on 4-16-2014, and physical therapy (at least 15 visits). Currently, the injured worker complains of moderate left knee pain, rated 6 out of 10. Pain was worsened after walking, exercising, and ascending-descending stairs and often increased to 10 out of 10. Functional deficits were not described. She also reported pain in the back of her knee that travels up to her buttock. Current medications included Norco, Tramadol, and Mobic. It was documented that the last time she had physical therapy was "last year after her knee surgery was done." She had a normal gait and inspection of the left knee showed no redness, erythema or induration. Strength was 5 of 5 in the hamstrings and quadriceps. Range of motion noted flexion to 120 degrees and extension 0. Special testing was positive for stability. Patellar grind was positive and tracking was normal. The treating physician documented that x-rays of the left knee demonstrated well-fixed medial unicompartamental knee components, no evidence of migration or loosening, well-tracking appearance of patella, joint space maintained without evidence of polyethylene wear, and lateral tracking patella. Recommendations included physical therapy for the left knee, magnetic resonance imaging of the left knee, and continued medications with addition of Neurontin. Her work status was unrestricted full duty. The most recent physical therapy note was dated 9-22-2014, noting an evaluation after 15 visits, noting severe standing capability (unchanged from initial evaluation on 6-04-2015), medium walking participation for medium walking distance

(low on initial evaluation), low participation in walking long distance (unchanged from initial evaluation), moderate difficulty with stair climbing (complete difficulty on initial evaluation), rest pain rated 3-5 of 10 (6-9 out of 10 on initial evaluation), worst pain rated 6-9 out of 10 (10 out of 10 on initial evaluation), pain with movement rated 3-5 out of 10 (rated 6-7 out of 10 on initial evaluation), extension -10 to 0 degrees (-30 to -21 on initial evaluation), flexion 100-120 degrees (80-99 degrees on initial evaluation), and moderate lower activity limitation (complete on initial evaluation). It was also documented that she had been doing piriformis isometrics at home, noting plan to "continue as appropriate." Per the request for authorization dated 8-10-2015, the treatment plan included physical therapy x12 for the left knee. On 8-20-2015, Utilization Review modified the requested physical therapy sessions to x2.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **12 Sessions of physical therapy 2 times a week for 6 week for the left knee: Upheld**

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

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

**Decision rationale:** The patient was injured on 06/14/07 and presents with left knee pain. The request is for 12 sessions of physical therapy 2 times a week for 6 week for the left knee. The RFA is dated 08/10/15 and the patient is to continue working full duty. The patient underwent a left knee partial knee replacement on 04/16/15 and had 15 sessions of post-operative physical therapy by 09/22/14. MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The patient is diagnosed with knee joint replacement and chondromalacia patella. On 04/16/14, the patient underwent a left knee partial knee replacement. As of 09/22/14, the patient had 15 sessions of post-operative physical therapy. The patient is now out of the post-op time frame; therefore, MTUS pages 98-99 were referred to. A trial of 8-10 sessions of therapy appears reasonable for the patient's increased left knee pain. However, the requested 16 sessions of physical therapy exceeds what is recommended by MTUS guidelines. Therefore, the request is not medically necessary.