

<b>Case Number:</b>	CM15-0184715		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/09/2009
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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:

The injured worker is a 69-year-old male, who sustained an industrial injury on August 9, 2009. He reported right knee pain. The injured worker was diagnosed as having status post right total knee arthroscopy with revision (8-5-2014) with underlying nickel allergy. Treatment to date has included diagnostic studies, radiographic imaging, multiple surgical interventions of the right knee, steroid and Synvisc injections of the knee, physical therapy (41+ sessions) pre and post-operative, medications and work restrictions. It was noted he stopped working in 2013. It was noted he retired in 2014. Currently, the injured worker continues to report right knee pain. Evaluation on February 23, 2015, revealed continued right knee pain. It was noted he was ambulating with a cane and was limping on the right lower extremity. Range of motion of the right knee was noted as decreased with extension at -4 degrees and flexion at 130 degrees. Lower extremity examination was noted to reveal no evidence of neurological deficit or radiculopathy. The physical therapy evaluation on May 7, 2015, revealed continued pain with mild to moderate swelling. It was noted he had completed 41 sessions of physical therapy. The right knee range of motion was noted as flexion at 120 and extension at 0. Evaluation on June 22, 2015, revealed continued pain however he noted significant improvement with topical creams. The progress note on August 10, 2015, revealed continued pain as noted. It was noted x-ray of the right knee on 4-20-2015, revealed no evidence of loosening or failure of hardware. It was noted he was weight bearing as tolerated with no restrictions. The RFA included a request for physical therapy for right knee once a week for 8 weeks Qty: 8.00 and was non-certified on the utilization review (UR) on August 20, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for right knee once a week for 8 weeks Qty: 8.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The claimant sustained a work injury in August 2009 and underwent a revision right total knee replacement on 08/05/14. When seen, he was having medial knee and upper thigh pain with prolonged activity. Physical examination findings included minimal tenderness. There was normal range of motion without pain. Authorization was requested for continued physical therapy and strengthening. There have been no weight-bearing restrictions. As of 05/07/15, he had already attended 41 postoperative treatments. After the surgery performed, guidelines recommend up to 24 visits over 10 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. There is no impairment in range of motion and no strength deficit is being documented. Based on the examination performed, the therapeutic content being requested is not needed. The request is not medically necessary.