

<b>Case Number:</b>	CM15-0188151		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 55 year old female, who sustained an industrial injury on 2-4-12. The injured worker is being treated for osteoarthritis of knee. Treatment to date has included left knee arthroplasty, post op physical therapy (she has been authorized for 24 post-operative sessions in the past; on 7-15-15 it is noted she "is improved with therapy"), cane for ambulation and activity modifications. On 8-12-15, the injured worker reports having pain and difficulty sleeping; post-operative 5-4-15 for left total knee replacement. She is currently not working. Physical exam performed on 8-12-15 revealed restricted range of motion of left knee with slightly decreased muscle strength; antalgic gait with a cane for ambulation and left knee is warmer than right to touch. The treatment plan included 12 sessions of physical therapy for increased range of motion, Omeprazole 20mg, Tramadol 150mg and Ambien 5mg. On 8-28-15, a request for 12 physical therapy sessions was modified to 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, left knee, 3 times weekly for 4 weeks, 12 sessions: 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 February 2012 and underwent a left total knee replacement on 05/05/15. Her injury occurred when she slipped and fell on a floor landing on her knee. In July 2015, she was improving with therapy. Knee range of motion was from 5 degrees to 85 degrees and she had 4/5 muscle strength. As of 07/23/15, she had completed 18 treatment sessions. When seen, she was having increasing pain. Her knee range of motion was now from 3 degrees to 95 degrees. Her strength was unchanged. She was continuing to ambulate with a cane. Authorization for additional physical therapy was requested. 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. The request is not medically necessary.