

<b>Case Number:</b>	CM15-0195175		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/07/2006
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Indiana, New York  
 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 8-7-2006. A review of the medical records indicates that the injured worker is undergoing treatment for localized primary osteoarthritis involving the lower leg. On 9-1-2015, the injured worker reported stiffness of the right knee rating the pain as 5 out of 10. The Primary Treating Physician's report dated 9-1-2015, noted the injured worker was 9 months status post a right total knee replacement, having completed 30 sessions of physical therapy since the surgery. The physical examination of the right knee was noted to show a benign incision, with the knee stable to varus, valgus, and AP stressors with no joint effusion, and full extension range of motion (ROM) with flexion to 95 degrees. X-rays taken of the right knee were noted to show no loss of fixation. The Physician noted the injured worker had developed a flexion contracture of the right knee despite 30 sessions of physical therapy, and may benefit from manipulation under anesthesia as well as aggressive physical therapy after the procedure, with request for authorization for manipulation of the right knee under general anesthesia and 24 sessions of additional physical therapy. The request for authorization was noted to have requested manipulation of the right knee under anesthesia and post-operative physical therapy right knee 24 visits. The Utilization Review (UR) dated 9-10-2015, certified the request for manipulation of the right knee under anesthesia and modified the request for post-operative physical therapy right knee 24 visits to approve 12 sessions of physical therapy following manipulation under anesthesia to allow for reassessment of progress.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy right knee 24 visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MUA (physical therapy).

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy to the right knee 24 visits is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are status post right knee total arthroplasty with flexion contracture. The date of injury is August 7, 2006. Request for authorization is dated September 10, 2015. The injured worker received 30 prior physical therapy visits post total knee arthroplasty. On September 24, 2015, the injured worker underwent manipulation of the right knee under anesthesia. The worker tolerated the procedure well and was transferred to recovery in stable condition. According to a September 28, 2015 progress note, the injured worker is performing stretching exercises and icing. The treating provider recommended an additional 24 sessions of physical therapy. The guidelines recommend (according to UR) 20 physical therapy sessions (post MUA) over #4 months. The treating provider requested 24 sessions. The first set of 12 physical therapy sessions should be allowed with reassessment for objective functional improvement prior to beginning the second set of 12 physical therapy sessions. There are no compelling clinical facts to support an initial 24 sessions at the outset. Based on clinical documentation in the medical record, peer-reviewed evidence-based guidelines, documentation indicating an initial 12 physical therapy sessions are clinically indicated pending objective functional improvement for a second set of 12 (post manipulation under anesthesia), postoperative physical therapy to the right knee 24 visits is not medically necessary.