

<b>Case Number:</b>	CM15-0198985		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 37-year-old male, who sustained an industrial injury on July 12, 2012. The injured worker was diagnosed as having status post medial opening wedge tibial osteotomy with anterior cruciate ligament reconstruction with osteoarticular allograft of medial femoral condyle cartilage lesion on October 03, 2014, chronic lymphedema secondary to the left lower extremity surgery, morbid obesity, and multiple abscesses of the teeth requiring tooth extractions. Treatment and diagnostic studies to date has included above noted procedures, x-rays of the left knee, ultrasound venous duplex of the left lower extremity, and physical therapy. In a progress note dated September 03, 2015 the treating physician reports complaints of lymphedema to the left lower extremity placing his physical therapy on hold secondary to the lymphedema. Examination performed on September 03, 2015 was revealing for swelling to the left lower extremity that was noted to be "significantly improved since his last visit" and full extension of the knee with flexion at 110 degrees. The medical records included one physical therapy note on June 11, 2015, but did not include the total quantity of prior physical therapy sessions performed. The physical therapy note from June 11, 2015 noted a pain level of 6 out of 10 along with the physical therapist recommending "continued physical therapy, expect complication and lengthy rehab" with goal status "in progress". The medical records provided included a report of a left lower extremity ultrasound venous duplex performed on June 16, 2015 that was revealing for a "normal left lower extremity venous ultrasound with no evidence of deep venous thrombosis. No evidence of thrombosis in the left popliteal vein." On September 03, 2015 the treating physician requested physical therapy 3 times a week for 6 weeks of the left

knee with the treating physician noting physical therapy placed on hold secondary to left lower extremity lymphedema as noted above. On September 18, 2015, the Utilization Review determined the request for physical therapy 3 times a week for 6 weeks of the left knee to be non-approved.

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

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

**Physical therapy 3 times a week for 6 weeks of the left knee:** Upheld

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

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

**Decision rationale:** This 37 year old male has complained of left knee pain since date of injury 7/12/2012. He has been treated with surgery, physical therapy and medications. The current request is for physical therapy 3 times a week for 6 weeks of the left knee. Per the MTUS guidelines cited above in the section Physical Medicine/therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The patient has received physical therapy thus far however, the available documentation does not report the number of physical therapy sessions to date or patient response to physical therapy thus far. Based on the available medical records and per the guidelines cited above, physical therapy three times a week for 6 weeks of the left knee is not indicated as medically necessary.