

<b>Case Number:</b>	CM15-0206896		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: 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 61 year old female, who sustained an industrial injury on 10-16-02. The injured worker was diagnosed as having status post right total knee arthroplasty on 6-3-14 and left knee pain. Subjective findings (2-24-15, 4-7-15, 5-7-15 and 6-30-15) indicated worsening left knee pain. Objective findings (2-24-15, 4-7-15 and 5-7-15) revealed mild patellar crepitation on the left, a positive compression test on the left knee and mild swelling of the bilateral knees. There is also "decreased" left knee range of motion. On 4-13-15, the right knee range of motion was noted as 0-90 degrees. As of 6-30-15, the treating physician noted right knee range of motion was 135 degrees of flexion and 0 degrees of extension and the left knee range of motion was 120 degrees of flexion and 0 degrees of extension. Treatment to date has included topical pain medications a repeat MRI of the left and right knee was requested but, results were not provided. The Utilization Review dated 10-13-15, non-certified the request for physical therapy 2 x weekly for 6 weeks for the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x week x 6 weeks, bilateral knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents on 06/24/15 with exquisite left knee pain and improved right knee pain following total arthroplasty. The patient's date of injury is 10/16/02. Patient is status post right knee arthroplasty on 06/20/14. The request is for physical therapy 2x week x 6 weeks, bilateral knee. The RFA is dated 07/14/15. Physical examination dated 06/24/15 reveals right knee range of motion from 0-100 degrees, and left knee range of motion from 5-90 degrees. The patient's current medication regimen is not provided. Patient's current work status is not provided. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: Recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 12 sessions of physical therapy sessions for this patient's ongoing bilateral knee pain, the provider has exceeded guideline recommendations. This patient's knee surgery was 06/24/15 and therefore she can no longer be considered in the immediate post-operative period. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments, the request for 12 exceeds these recommendations and cannot be substantiated. Therefore, the request is not medically necessary.