

<b>Case Number:</b>	CM15-0020409		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/27/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: 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 39 year old male, who sustained an industrial injury on 11/27/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include right knee osteoarthritis and right knee internal derangement. Treatment to date has included physical therapy, occupational therapy, medication regimen, status post right knee surgery, and home exercise program. In a progress note dated 12/18/2014 the treating provider reports pain to the right knee that is noted a five out of ten and also notes a burning sensation to the knee during physical therapy. The treating physician requested additional physical therapy noting improvement from prior therapy and noting the injured worker to continue performing exercises for further strengthening and function. On 01/15/2015 Utilization Review non-certified the requested treatment of twelve sessions of physical therapy for the right knee as an outpatient between 01/08/2014 and 02/07/2015, noting the American College of Occupational and Environmental Medicine, <https://www.acoempracguides.org/Knee>, Table 2, Summary of Recommendations, Knee Disorders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for arthroplasty, 24 visits of postsurgical physical therapy over 10 weeks are recommended. The progress report dated 12/18/14 documented that lateral knee replacement surgery was performed 8/12/14. On 10/21/14, patient had completed 12 session of physical therapy. On 11/20/14, patient has started a second course of physical therapy. The orthopedic report dated 12/18/14 documented that the patient has 2 session of physical therapy remaining. Range of motion of the right knee was 0 degrees to 125 degrees. The right knee was noted to be stable. The 12/18/14 orthopedic report documented a request for six sessions of physical therapy. The request for authorization dated 12/29/14 requested an additional 12 sessions of physical therapy for the right knee. The 12/29/14 request for 12 sessions of physical therapy is not supported by the 12/18/14 orthopedic report which documented a request for six sessions. The medical records indicate that the patient has completed two courses of physical therapy. The 12/29/14 request for 12 sessions of physical therapy would exceed MTUS Postsurgical Treatment Guidelines recommendations, and is not supported by MTUS guidelines. Therefore, the request for 12 sessions of physical therapy is not medically necessary.