

<b>Case Number:</b>	CM15-0213651		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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:

This is a 49-year-old female who sustained an industrial injury on 2-13-2014. A review of the medical records indicates that the injured worker is undergoing treatment for end stage osteopathy left knee, lumbar myofascial pain and cervical myofascial pain. Per the progress report dated 8-25-2015, the injured worker reported minimal pain in her knee. She had a moderate foot drop with unclear source. According to the progress report dated 9-28-2015, the injured worker complained of left knee pain rated 7 out of 10. She also complained of left shoulder pain rated 5 out of 10 and low back pain with lower extremity symptoms rated 6 out of 10. Per the treating physician (9-28-2015), the injured worker was temporarily very disabled. Objective findings (9-28-2015) revealed diffuse left knee tenderness. Tenderness was greatest at the medial and lateral joint lines. Left knee range of motion was 0-90 degrees with pain. There was crepitation with range of motion. Per the physical therapy note dated 10-15-2015, the injured worker had better tolerance to therapy and was walking with less of a limp. Treatment has included left total knee replacement (7-31-2015), physical therapy (at least 8 post-operative sessions) and medications (Ibuprofen, Pantoprazole and intermittent Tramadol). The treatment plan (9-28-2015) was to continue post-operative physical therapy for the left knee. The original Utilization Review (UR) (10-22-2015) modified a request for physical therapy for the left knee from 18 sessions 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 3 times a week for 6 weeks for left knee: 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 2014 and is being treated for left shoulder and left knee pain. She has a diagnosis of left shoulder impingement syndrome and had end-stage left knee osteoarthritis. She underwent a left total knee replacement on 07/31/15. She was seen for postoperative follow-up on 09/28/15. She had left knee pain rated at 7/10. There had been one session of recent physical therapy with a slight decrease in pain. Physical examination findings included diffuse left knee tenderness. There was crepitus with range of motion, which was limited to 90 of flexion with pain. Authorization was requested for an additional 18 physical therapy treatment sessions. After the surgery performed, guidelines recommend up to 24 visits over 10 weeks with a physical medicine treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant had not completed the recommended initial course of physical therapy after the surgery performed. Requesting additional physical therapy without demonstration of function benefit or a need for additional therapy prior to completing the initial recommended course of treatment is not considered medically necessary.