

<b>Case Number:</b>	CM15-0214954		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 50 year old male who sustained an industrial injury on May 1, 2008. Medical records indicated that the injured worker was treated for left knee pain. Medical diagnoses include status post left total knee replacement. In the provider notes dated September 30, 2015, the injured worker complained of increased left knee pain with swelling. He reports that he has been doing more work on his knees, kneeling a few times a day. He rates his pain 6 on the pain scale. He has pain with squatting and lifting. On exam, the documentation stated the left knee incision was fully healed with no erythema or drainage. There is decreased range of motion. There is moderate effusion. "There is mild quad atrophy." "knee stable to varus and valgus stress." The physical therapy notes dated September 29, 2015 states "pt ITB tone was improved following STM to lateral quad HS. ROM is firm into flexion with pt discomfort." "At this point post op, Pt should be able to carry out ADL's with no restrictions due to his knee." The treatment plan is for refill of medications, ice application, steroid injection and physical therapy. A Request for Authorization was submitted for physical therapy 1 x week x 6 weeks, left knee. The Utilization Review dated October 15, 2015 denied the request for physical therapy 1 x week x 6 weeks, left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1xWk x 6Wks for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, 2015, Chapter: Knee & Leg (Acute & Chronic), Physical Medicine Treatment.

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

**Decision rationale:** Review indicates the patient is s/p left TKA on 4/9/15 with postop PT visits without noted complications. Follow-up report from the provider on 6/26/15 noted the patient has completed the formal therapy and was doing the home exercises without issues, but was to remain TTD with consideration for modified work. The Physical therapy 1xWk x 6Wks for the left knee is not medically necessary and appropriate. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support for an excessive total of physical therapy visits beyond guidelines criteria without demonstrated postop complications or extenuating circumstances. The patient's TKA is now over the rehab period without documented functional improvement identified in terms of increased range of motion, increased ADLs or functional/work status to support for the additional PT visits as the patient continues with the home exercise program. Medical indication for additional PT has not been established. The physical therapy 1xWk x 6Wks for the left knee is not medically necessary and appropriate.