

<b>Case Number:</b>	CM15-0221234		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 76 year old female, who sustained an industrial injury on 9-26-2008. The injured worker was diagnosed as having osteoarthritis of the knee. Treatment to date has included diagnostics, right total knee replacement 11-2014, physical therapy (at least 24 outpatient sessions authorized to 6-10-2015), and medications. On 10-22-2015, the injured worker complains of pain in her left buttock and bilateral knees. She also reported low back pain. The treating provider noted that she "made great progress in terms of ROM and mobility". Right knee x-rays (5-04-2015) showed intact total knee arthroplasty without complication. Exam noted balance issues without cane, right knee incision well healed, and a hard time sitting to standing. Range of motion in the right knee was 0-125+ degrees, with minimal anterolateral crepitus. Her work status was "retired". The treating provider noted "1 year postop: She is doing all her ADLs". Current medications included Pantoprazole, MSM, Dilaudid, Celebrex, and Lidoderm patch. Per the Request for Authorization dated 10-22-2015, the treatment plan included additional physical therapy for the right knee, 2x6. On 10-27-2015 Utilization Review non-certified a request for outpatient physical therapy for the right knee, 2x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 weeks for right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing lower back and right knee pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for twelve physical therapy sessions for the right knee done twice weekly for six weeks is not medically necessary.