

<b>Case Number:</b>	CM15-0031729		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	03/04/1996
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 54 year old male, who sustained an industrial injury on 3/4/1996. On 2/19/15, the injured worker submitted an application for IMR for review of 12 visits of additional physical therapy for the right knee, 2x6. The treating provider has reported the injured worker is a status post right knee arthroplasty (4/21/14) and being evaluated for a left knee arthroplasty. The injured worker complains of stiffness, achiness, pain and swelling. The physical therapy request is for the right knee to strengthen the joint. The diagnoses have included osteoarthritis. Treatment to date has included status post right knee arthroplasty with physical therapy x60 since surgery. On 1/28/15 Utilization Review non-certified 12 visits of additional physical therapy for the right knee, 2x6. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 visits of additional physical therapy for the right knee, 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** According to the 01/19/2015 report, this patient presents with right knee. The current request is for 12 visits of additional physical therapy for the right knee, 2x6. The request for authorization is on 01/21/2015. The patient's work status is temporarily and totally disabled. MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The medical reports provided for review indicate the patient is status post total right knee arthroplasty on 04/21/2014 and is outside of post-surgical time-frame and for therapy treatments. In this case, the treating physician requested additional therapy but does not indicate as to why the patient is not able to perform the necessary home exercises. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.