

<b>Case Number:</b>	CM15-0035572		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 57-year-old male, who sustained an industrial injury on 6/2/2008. The diagnoses have included chondromalacia-knee, joint pain in multiple sites, lumbar spinal stenosis and lumbago. Treatment to date has included physical therapy, knee surgery and medication. A physical therapy daily note dated 1/29/2015 documented that it was visit number three status post left total knee replacement. The physical therapy plan was to continue seeing the injured worker two times a week. According to the Primary Treating Physician's Progress Report dated 2/4/2015, the injured worker was healing well status post total knee replacement on 12/4/2014. He still needed physical therapy for his back as he was unable to complete due to his arthritic knees. Physical exam revealed generalized tenderness in the lumbar area. Inspection of the left knee revealed moderate swelling over the pre-patellar bursa. Palpation of the left knee revealed moderate infrapatellar tendon tenderness and moderate anterior lateral joint line tenderness. Authorization was requested for physical therapy and for lumbar joint injection. According to the orthopedic progress report dated 2/9/2015, the injured worker was two months postoperative from left total knee arthroplasty. He had fairly good range of motion and the pain that he had before the surgery was essentially gone when he walked. Treatment plan was for right total knee replacement. A course of physical therapy was recommended. On 2/18/2015, Utilization Review (UR) non-certified a request for 12 physical therapy sessions for the left knee. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions for the left knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The patient was injured on 06/02/08 and presents with knee pain. The request is for 12 PHYSICAL THERAPY SESSIONS FOR THE LEFT KNEE. There is no RFA provided and the patient is to remain off of work. On 12/04/14, the patient underwent a left total knee arthroplasty. MTUS 9792.24. 3 Postsurgical Treatment Guidelines, subsection (c) 3 states: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. MTUS Guidelines page 24-25 regarding post-surgical guidelines for the knee allow for 24 visits over 10 weeks for arthritis (arthroplasty). The time frame for this physical therapy is 4 months. The 01/29/15 physical therapy note indicates that the patient has had 3 session of therapy and the patient is to "continue PT 2 times a week. The patient is still having a lot of pain which is limiting his exercise tolerance but we are working as best we can to tolerance. His ROM is improving still and he's doing some increased exercise this treatment so we will increase when able to." There is no indication of how many total session the patient has been already authorized for thus far. It is not known if the patient has had the general course of care. The patient is still within the postsurgical physical medicine treatment timeframe, and MTUS states "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." The available reports states additional functional improvement can be accomplished. The request appears to be in accordance with the MTUS guidelines, Therefore, the request IS medically necessary.