

<b>Case Number:</b>	CM15-0041469		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	11/13/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 67 year old male, who sustained an industrial injury on November 13, 2002. He reported an industrial injury to his left knee, thoracic spine, and lumbar spine regions. The injured worker was diagnosed as having L5-S1 disc disease and loss of lumbar lordosis. Treatment to date has included right elbow surgery 2011, total knee arthroplasty 2010 and November 25, 2014, lumbar spine x-rays, physical therapy, and medication. Currently, the injured worker complained of his lumbar spine doing worse, with pressure going up his spine to in between his shoulder blades, and pain at the scapula level radiating into the right shoulder. The Treating Physician's report dated January 14, 2015, noted x-rays taken on that day were noted as not revealing except for loss of lumbar lordosis indicating some spasms in his back. The injured worker was noted to have loss of range of motion (ROM) in all ranges. The Physician recommended physical therapy that had been started for his back be resumed as he was demonstrating objective findings on examination and on the x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are total knee arthroplasty; disc herniation, lumbar spine; and radiculitis (December 17, 2014). The documentation shows the injured worker was approved for 14 physical therapy visits post surgery. The utilization review indicates the injured worker received a total of 26 physical therapy sessions. There are no physical therapy notes in the medical record. A progress note dated January 14, 2015 contains subjective complaints of low back pain 9/10 but no subjective complaints referable to the knees. Objectively, there is no physical examination of the knees in the record. The treating physician is requesting additional physical therapy two times per week times four weeks (eight sessions). It appears the injured worker received the full complement of physical therapy post totally arthroplasty. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement, absent subjective complaints and objective clinical findings referable to the affected left knee, physical therapy two times per week times four weeks to the left knee is not medically necessary.