

<b>Case Number:</b>	CM15-0047040		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old male, who sustained a work/ industrial injury on 3/10/14. He has reported initial symptoms of limited range of motion and weakness in the left knee. The injured worker was diagnosed as having osteoarthritis with left knee revision total arthroplasty 8/26/14. Treatments to date included medication, home exercise program and revision of knee surgery on 8/26/14 and prior knee surgery in 2010. Currently, the injured worker complains of residual knee pain, swelling, limited range of motion, and weakness. The treating physician's report (PR-2) from 2/4/15 indicated positive for limp, McMurray's, patellar grind, 4/5 weakness. Ultram was discontinued and Norco was started as well as physical therapy. Treatment plan included post-op therapy left knee x 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Therapy Left Knee x 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in March 2014 and underwent a left total knee revision arthroplasty in August 2014. Treatments included exercise with a home exercise program. When seen by the requesting provider, he was approximately 6 months status post surgery. He was having ongoing pain and had decreased range of motion with weakness and an antalgic gait. Following the claimant's surgery, guidelines recommend up to 24 visits over a 10 week period of time with a postsurgical treatment period of four months. In this case, the claimant is beyond the treatment period and is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and therefore medically necessary.