

<b>Case Number:</b>	CM15-0057120		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: 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(n) 55 year old female, who sustained an industrial injury on 8/9/12. She reported pain in the right knee related to a twisting injury. She then injured her left knee due to over compensation. The injured worker was diagnosed as having status post left knee total arthroplasty, right knee derangement and right knee arthroscopy. Treatment to date has included physical therapy, bilateral knee MRI, Synvisc injections and pain medications. As of the PR2 dated 2/19/15, the injured worker reports some intermittent pain in her knees. She is six months post-operative left total knee arthroplasty. The treating physician noted improved range of motion with physical therapy. The treating physician requested additional post-operative physical therapy 2 x weekly for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post op physical therapy 2 times 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter.

**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.

**Decision rationale:** The claimant sustained a work-related injury in August 2012 and underwent knee replacement surgery in August 2014. She is obese with a BMI of over 37. She is more than 6 months status post surgery and has completed an unknown number of post-operative physical therapy treatments. Guidelines address the role of therapy after the claimant's knee surgery with a postsurgical physical medicine treatment period of 4 months and up to 24 physical therapy visits over 10 weeks. In this case, the claimant is more than 6 months status post surgery, and therefore the chronic pain treatment guidelines apply. 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 in excess of that recommended and therefore not medically necessary.