

<b>Case Number:</b>	CM15-0080152		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 64-year-old female, who sustained an industrial injury on 2/1/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having left knee arthroscopy and right shoulder arthroscopy. There is no record of recent diagnostic studies post-surgical interventions. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/25/2015, the injured worker complains of bilateral shoulder pain and left knee pain. The treating physician is requesting 18 sessions of post-operative physical therapy to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy 2-3 times per week for 6 weeks (18 sessions) for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Medicine, Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG reports limited positive evidence to support physical therapy for knee complaints. ODG specifies, "It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion." Additionally, ODG quantifies the number of sessions for Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks, Post-injection treatment: 1-2 visits over 1 week, Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. MTUS guidelines further state, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. The medical records provided do not indicate any recent or prospective surgical intervention involving the left knee. It appears that this patient has attended an unknown number of physical therapy sessions; however, no physical therapy notes document the patient's progress, which is necessary for the treating physician to make any medical care adjustments. As such, the request for Postoperative physical therapy 2-3 times per week for 6 weeks (18 sessions) for the left knee is not medically necessary.