

<b>Case Number:</b>	CM15-0087832		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 53 year old male with an industrial injury dated 01/07/2014. The mechanism of injury is a fall on a metal floor with injury to right knee. Prior treatments include right total knee 10/28/2014, physical therapy, home exercise program and medication. His diagnoses included joint replacement - knee, osteoarthritis and derangement of medial meniscus. He presents on 04/02/2015 for follow up. The provider documents he is doing well and has become stronger can walk longer and can ascend stairs. However, he has occasional episodes of sharp pain with stairs at times. The injured worker complained of mild dull pain in the right lateral knee, which was better after physical therapy. Physical exam revealed range of motion examination of the knee was full extension with minimal swelling and no calf tenderness. Right knee x-rays done at the visit showed a well-placed total knee. The provider notes the injured worker still needs help with stairs, has to stand for many hours, lift and move quickly at work. The treatment plan included additional physical therapy for 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x12 for the right 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 Therapy, pages 98-99.

**Decision rationale:** The patient is almost 8 months post knee surgery where chronic PT guidelines are applicable. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Additional physical therapy x12 for the right knee is not medically necessary and appropriate.