

<b>Case Number:</b>	CM14-0100318		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/15/2004
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61 year old female who was injured on 07/15/04. The mechanism of injury is not described. The injured worker is status post right knee total knee arthroplasty with residuals. The date of this surgery is not included. There is one clinical note submitted for review. This note states the injured worker would like to participate in physical therapy to improve motion and strength. The injured worker's medications are noted to include Norco. This note further states the injured worker includes a vague statement which appears to indicate the injured worker has been released to work and jog with occasional walking. There is not physical examination included in this note. A request for 12 sessions of physical therapy is submitted and subsequently denied by Utilization Review dated 05/28/14. This review references a previous UR determination dated 08/27/13 which certified a right knee TKA and postoperative physical therapy at a rate of twice per week for a minimum of 8-10 weeks. This is an appeal request for 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy; twelve (12) sessions (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** The request for 12 sessions of physical therapy at a rate of twice per week for 6 weeks is not recommended as medically necessary. As the injured worker is presumed to be beyond four months post TKA of the right knee, MTUS Chronic Pain Medical Treatment Guidelines apply. These guidelines state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." Records do not include an objective physical examination of the right knee which reveals deficits with flexibility, strength, endurance, function or range of motion. Records do not indicate the injured worker complains of pain. Records do seem to imply the claimant is released to "jog with occasional walking." As such, functional deficits warranting treatment with physical therapy are not identified. Moreover, the claimant is status post right knee TKA. Standards of medical treatment would imply the injured worker has participated in physical therapy since the surgery. There are no treatment notes submitted for review and the amount and duration of previous therapeutic exercise is not revealed. Based on the clinical information provided, medical necessity of 12 sessions of physical therapy is not established.