

<b>Case Number:</b>	CM14-0115308		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/08/2004
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 62 year old male with a reported date of injury 07/08/2004. The mechanism of injury was not included within the documentation. His diagnoses were osteoarthritis, knee joint replacement and end stage arthritis right knee. His past treatments included prescription pain medication, rest, ice, leg elevation and physical therapy. He had completed twelve sessions of physical therapy from 01/30/2014 until 03/07/2014 and twelve additional sessions of physical therapy from 04/22/2014 until 06/22/2014. His pertinent diagnostics included a right knee x-ray performed on 06/04/2014 which showed right total knee replacement in place without radiographic findings of hardware loosening, fracture or malalignment and joint effusion. His surgical history included right knee arthroscopic with partial meniscectomy performed on 09/27/2013, right total knee arthroplasty performed on 07/15/2011; and left total knee arthroplasty performed May 2010. On 07/02/2014 the injured worker presented with complaints of chronic right knee pain rated as 4-7/10. He stated the pain quality was aching, stabbing, burning, and throbbing and pain increased with bending, lifting, twisting, sitting and walking. According to the clinical notes objective physical examination findings were right knee 1 plus edema extending into the lower extremity and tenderness to palpation over the lateral patella joint rated moderate, mild over medial joint line. The compression test is slightly positive. The range of motion in right knee was from 110 degrees of flexion to -3 degrees extension. The treatment plan was to continue current medications, continue activities to tolerance, return to clinic in four weeks, and approval for additional physical therapy two times per week for eight weeks. The rationale for the PT (Physical Therapy) 2 X 8 to the right knee was to increase strength, flexibility, range of motion and stamina involving the right knee. No Request for Authorization form was included for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PT (Physical Therapy) 2 X 8 to the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The request for Physical Therapy 2 X 8 to the right knee is not medically necessary. The California MTUS guidelines recommend 24 visits over 10 weeks for knee arthroplasty postsurgical treatment with the fading of treatment frequency. The postsurgical physical medicine treatment period is four months. The injured worker had received 24 sessions of physical therapy between 01/30/2014 through 06/22/2014. He is 14-months postsurgical, which would exceed the guideline recommendations for post surgical treatment. According to the submitted documentation dated 06/27/2014, the physical therapist noted very little change in the injured worker's range of motion and soft tissue mobility. Although he had continued improvement in muscular performance and balance, he continued to have difficulty walking but had not experienced any recent falls. There is a lack of documentation to verify the injured worker's prior course of physical therapy for the right knee, including the efficacy of the prior treatments. Moreover, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. There is no significant barriers to transitioning the injured worker to an independent home exercise program. In addition, the request for physical therapy 2x8 exceeds the guideline recommendations. Therefore, the request for Physical Therapy two times a week for 8 weeks to the right knee is not medically necessary.