

<b>Case Number:</b>	CM14-0115405		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/16/2002
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 and Rehabilitation, and is licensed to practice in California. 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 69-year-old male who reported an injury on 06/16/2002. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included status post left knee reconstructive surgery and postoperative arthrofibrosis of the left knee. The injured worker's past treatments included physical therapy, surgery, medications, Orthovisc injections, corticosteroid injections, and a home exercise program. The injured worker's diagnostic exams included an x-ray of the left knee in 2011. His surgical history included a left knee replacement in 09/2013 and manipulation under anesthesia on 03/19/2014. On 06/06/2014, the injured worker complained of pain in his thighs and knees and an increase in flexion to 110 degrees with the use of a continuous passive motion machine. Physical examination revealed mild postoperative swelling, moderate pain around the thighs, and decreased range of motion to the left knee. Range of motion of the left knee was -5 and -90, with quad strength of 5/5. His medications were not clearly indicated in the clinical notes. The treatment plan consisted of the continuation of physical therapy for knee range of motion and strengthening, 2 times a week for 6 weeks. A request was received for 12 additional outpatient physical therapy sessions for the left knee, 2 times a week for 6 weeks. The rationale for the request was not clearly indicated. The Request for Authorization was not clearly indicated in the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional outpatient physical therapy sessions for the left knee 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The request for 12 additional outpatient physical therapy sessions for the left knee, 2 times a week for 6 weeks is not medically necessary. The California Guidelines recommend physical medicine for the treatment of myalgia; unspecified, with 9-10 physical therapy sessions over 8 weeks. Based on the clinical notes, the injured worker had a left knee replacement in 09/2013, which resulted in the formation of scar tissue causing post-surgical discomfort. He received an unknown amount of physical therapy sessions that provided an unknown amount of progress towards functionality and range of motion. The range of motion values were -5 and -90. It was unspecified if these values were extension or flexion. These values are not unheard of for persons of this age range. Additionally, there was an absence of clear legible physical therapy progress notes to corroborate findings of increased range of motion and function to warrant additional therapies. Also, the clinical notes failed to identify the number of previous physical therapy visits. Therefore, due to lack of quantitative range of motion data, and lack of objective evidence supporting the need for additional therapy, the request is not reinforced. Thus, the request for 12 additional outpatient physical therapy sessions for the left knee, 2 times a week for 6 weeks is not medically necessary.