

<b>Case Number:</b>	CM14-0122767		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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 55 year old male with a reported date of injury on May 27, 2008 while working as a press machine operator, sustaining injury to his knees, bilateral hips, low back and gastric discomforts. A right knee total arthroplasty was performed November 18, 2013. Seventeen weeks postoperatively of right TKA 50% overall improvement is noted. QME dated March 21, 2014 revealed right knee range of motion (ROM) right/left extension -5/0 and flexion 90/90 degrees. There was a 16cm anterior right knee and a 15cm anterior left knee surgical scar. Diffuse tenderness noted to both knees, no effusion of either knee. Treatment plan: recommendation that more recent medical records pertaining to right TKA be provided for review. The QME also recommended additional post-operative therapy for the right knee. PR-2 dated March 25, 2014 indicates 12/12 outpatient Physical Therapy (PT) sessions have been completed and were beneficial with regard to ambulation and standing for longer than ten minutes. The injured worker was noted as not working at the time of this visit. A prior utilization review determination resulted in denial of eight out of twelve requested visits for physical therapy; Leaving a modification of four approved Physical Therapy visits to the right knee. It is unknown if the four additional visits have been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x wk x 2 wks right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee

**Decision rationale:** As per CA MTUS guidelines, physical medicine 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. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. In this case, the injured worker has completed 12 PT visits. Also, 4 additional PT visits were previously approved; however, there is no record of any progress notes with documentation of objective measurements. Furthermore at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Additional PT visits will exceed the guideline recommendations. Therefore, the requested Physical Therapy visits are not medically necessary according to the guidelines.