

<b>Case Number:</b>	CM14-0142679		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Maryland. 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 patient is a 75 year old male with a work injury dated 6/22/12. The diagnoses include degenerative disc disease, cervical spine; internal derangement, left shoulder with probable rotator cuff tear; end-stage arthritis, right knee, status post total knee replacement September 6, 2013, Under consideration is a request for post-operative physical therapy x 16 sessions. (between 7 /21/2014 and 10/28/2014) There is a physical therapy progress report dated 5/6/14 that states that the patient is having less pain. He has more is flexion and extension but still feeling the tightness and soreness in his hamstring. Objective findings include extension 95% with discomfort, flexion 90%. Patient presented with decreased heel toe and no heel strike during gait, improved with hamstring manual work.A 7/11/14 AME physical exam revealed that the patient examination of the right knee reveals a poor outcome after total knee replacement. He has a large anterior longitudinal incision from the total knee replacement and a 3 inch lateral incision from an arthrotomy performed several decades ago for a complete lateral meniscectomy. He has moderate circumferential tenderness, swelling, and has moderate lateral and popliteal tenderness. He cannot fully squat. X-rays reveal a cemented total knee replacement.Per documentation the patient saw an orthopedic surgeon on 7/21/14 noted thatthe patient had been using a Dynasplint for several months, but did not feel it has helped to regain any of his extension. Objectively, the physician noted that the patient's knee flexion had improved but extension still remained lacking 5 degrees. The patient was considering arthroscopic lysis of the adhesions of the right knee. The patient was on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy x 16 Sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** Post-Operative Physical Therapy times 16 Sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and MTUS Postsurgical Guidelines. The documentation indicates that the patient has had a total knee replacement in Sept. 2013. The documentation indicates that as of 5/6/14 the patient has had 46 post-operative physical therapy visits. The guidelines recommend up to 24 visits for this condition. The patient has well exceeded the recommendations for this surgery. At this point he is beyond the postoperative period from his Sept. 2013 surgery. He should be well versed in a home exercise program. There is no documentation of upcoming surgery in the documentation submitted. The necessity of 16 more supervised therapy sessions is not medically necessary. The guidelines recommend transition to a home exercise program. The request for post-operative physical therapy times 16 sessions is not medically necessary.