

<b>Case Number:</b>	CM15-0011201		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male who sustained an industrial injury on 05/22/2009. Diagnoses includes he is 8 months status post total right knee replacement, right knee meniscus tear, knee instability, muscular wasting and disuse atrophy. Treatment to date has included medications. According to the injured worker, he has not had any recent physical therapy. A physician progress note dated 11/26/2014 documents the injured worker still had 2cm of quad atrophy. He complains of right knee pain that is gradually getting worse. He continues to have instability and episodes of giving way of his right knee. Treatment requested is for physical therapy, 18 visits, and 2-3 times and a week for 4-6 weeks for the right knee. On 12/17/2014 Utilization Review non-certified the request for physical therapy, 18 visits, 2-3 times a week for 4-6 weeks for the right knee, and cited was California Medical Treatment Utilization Schedule (MTUS)-ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 wk x 4-6 wks for right knee (18) sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

<http://www.acoempracguides.org/Hand and Wrist; Table 2, Summary of Recommendations>,

Hand and Wrist Disorders, ACOEM- <http://www.acoempracguides.org/Knee>; Table 2 Summary of Recommendations, Knee Disorders

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

**Decision rationale:** This patient presents with right knee pain. The patient is status post total knee replacement of the right knee from 03/25/2014. The treater is requesting PHYSICAL THERAPY 2 TO 3 TIMES PER WEEK X 4 TO 6 WEEKS FOR RIGHT KNEE, 18 SESSIONS. The RFA dated 12/04/2014 shows a request for physical therapy 2 to 3 times per week x 4 to 6 weeks for increased range of motion and strengthening of right knee using all modalities. The patient's date of injury is from 05/22/2009, and he is currently not working. The patient's surgery is from 03/25/2014, and postsurgical physical therapy guidelines do not apply. For physical therapy outside postsurgical guidelines, the MTUS pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia-, myositis-, and neuralgia-type symptoms. None of the documents show any physical therapy reports to document how many treatments the patient has received. The 07/17/2014 report notes that the patient has started physical therapy and has done 1 visit. No other reports referenced physical therapy or the outcome from therapy. MTUS page 8, on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, and improved quality of life. In this case, it would appear that the patient has received prior physical therapy. However, the exact number of treatments is unknown. Given the lack of functional improvement while utilizing physical therapy, the requested 18 additional sessions is not warranted and exceeds the MTUS guidelines. The request IS NOT medically necessary.