

<b>Case Number:</b>	CM15-0122343		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on 11-08-2013. He has reported injury to the right knee. The diagnoses have included right knee pain; right knee osteoarthritis; degenerative joint disease, right knee; effusion, knee; status post right total knee replacement, on 02-11-2015; and status post manipulation under anesthesia, right knee, on 05-01-2015. Treatment to date has included medications, diagnostics, bracing, physical therapy, home exercise program, and surgical intervention. Medications have included Vicodin, Tramadol, Percocet, Advil, and Prilosec. A progress note from the treating physician, dated 05-26-2015, documented a follow-up visit with the injured worker. The injured worker reported that he is a little better than 3 months out from his knee replacement and about 2 weeks out from his manipulation; he is doing very well; and his pain and function are significantly improved. Objective findings included his incision is clean and dry; he has no effusion; he is walking much better; he has excellent stability; he has good quadriceps tone; his range of motion today is 0 to about 125 degrees; and it is recommended for the injured worker to have additional physical therapy to work aggressively on strengthening exercises. The treatment plan has included the request for additional physical therapy-12 treatments (right knee).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy-12 treatments (Right knee): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The claimant sustained a work injury in November 2013 and underwent a right total knee replacement in February 2015. He underwent a right knee manipulation under anesthesia in May 2015. He had physical therapy on the date of the manipulation. When seen, he had completed approximately 5 therapy treatments. His pain and function had significantly improved. Range of motion was from 0 degrees to 125 degrees and there was good quadriceps muscle tone. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 20 visits over 4 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy and had done well with nearly normal range of motion and no reported functional impairment when the request was made. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of what might be needed to finalize the claimant's home exercise program and does not reflect a fading of treatment frequency. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.