

<b>Case Number:</b>	CM15-0123136		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Emergency Medicine

### 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 53 year old female, who sustained an industrial injury on 1/6/10. Initial complaints were not reviewed. The injured worker was diagnosed as having status post right total knee arthroplasty (11/1/13); end-stage osteoarthritis left knee; low back pain with lower extremity symptoms; right S1 radiculopathy. Treatment to date has included status post right knee arthroplasty (11/1/13); physical therapy; medications. Diagnostics studies included x-ray of the right knee (4/14/15). Currently, the PR-2 notes dated 4/22/15 indicated the injured worker was in the office as a follow-up consultation in regards to a left total knee arthroplasty. The injured worker has had a right total knee arthroplasty on 11/2/13. The right knee pain is rated at 6/10. She is also inquiring about topical NSAIDS due to occasional gastrointestinal upset with oral NSAIDS in the past 2 months. Objective findings are documented as hyperalgesia of the right knee; hyperesthesia from 6cm proximal to knee to 6 cm distal to knee. She lacks 5 degrees extension; flexion 90 degrees with pain. There is a slight decreased temperature in the right distal lower extremity versus the left. She favors the left lower extremity with ambulation. An x-ray of the right knee dated 4/14/15 indicated there was no evidence of loosening, fracture or dislocation and an unremarkable appearing right knee arthroplasty. The provider's treatment plan included MRI right knee; medically supervised weight loss program; bone scan of the right knee and physical therapy for the right lower extremity (12 visits).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation The Failed Total Knee Arthroplasty: Evaluation and Etiology, Journal of the American Academy of Orthopedic Surgeons, Nov/Dec 2004, vol. 12 no, 6436-446.

**Decision rationale:** The request is for magnetic resonance imaging (MRI) of the right knee. Per records, the injured worker is status post right knee total arthroplasty, and continues to have 6 out of 10 pain. Failure of knee arthroplasty is uncommon, but is most often mechanical and is caused by loosening, component failure, or patellar dysfunction, but there are also non-surgical causes. Loss of mobility after satisfactory improvement may be associated with synovitis, tendinitis, or component loosening. Instability should be recognizable on examination as well as radiographs. Examination of the injured worker demonstrates decreased range of motion, but no instability. Radiographs can detect loosening and osteolysis, as well as component wear, fracture, and malposition. Radiographs of the injured worker did not demonstrate any abnormality. Without evidence on physical exam or plain-film radiographs, it is unclear that MRI would be beneficial in the management of the injured worker. The request as written is therefore not medically necessary.

**Medically supervised weight loss program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** The request is for enrollment in a medically supervised weight loss program. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The injured worker has been previously enrolled in a form of active therapy. There is insufficient documentation to support enrollment in a medically supervised weight loss program in regards to recovery from the job related injury. The request as written is not supported by the MTUS and is not medically necessary.

**Bone scan of the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Bone scan (imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Bone scan.

**Decision rationale:** The request is for a bone scan of the right knee. The MTUS guidelines only state that a limited bone scan may be optional to detect fractures if clinical suspicion exists. It does not specifically comment on bone scan after arthroplasty. The Official Disability Guidelines state that bone scan imaging is recommended after total knee replacement if pain is suspected to be caused by loosening of the implant. The injured worker has had a radiograph that has not demonstrated any suggestion for malposition of the implant. The physical examination did not demonstrate any instability. There is no documentation regarding suspicion for instability. The medical benefit is unclear. Therefore, the request as written is not medically necessary.

**Physical therapy for the right lower extremity (12 visits): Upheld**

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

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

**Decision rationale:** The request is for physical therapy. Physical therapy, or active therapy, 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. The injured worker is instructed and is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. For knee arthroplasty, the post-surgical treatment guidelines support 24 visits over 10 weeks. Per records, the injured worker has already completed 24 sessions of physical therapy. There is no clear documentation to suggest a new condition. It is unclear that there had been benefit from previous physical therapy. Without a clear exacerbation defined by physical exam, physical therapy is unlikely to be medically beneficial at this point. The request as written is not supported by the MTUS and is therefore not medically necessary.