

<b>Case Number:</b>	CM15-0128935		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 60 year old male, who sustained an industrial injury on 03/10/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having painful revision of a left total knee replacement. Treatment and diagnostic studies to date has included physical therapy, medication regimen, and above noted procedure. In a progress note dated June 10, 2015 the treating physician reports complaints of pain upon ambulation to the knee. Examination reveals antalgic gait, minimal swelling and warmth to the left knee, medial and lateral left knee tenderness, and decreased range of motion to the left knee. The treating physician noted prior physical therapy with an unknown quantity with the treating physician indicating that the injured worker did not do well with the prior physical therapy. The medical records also did not contain documentation of functional improvement secondary to prior physical therapy. The treating physician requested 18 additional sessions of physical therapy for the left knee with the treating physician noting that prior physical therapy has been helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 additional physical therapy sessions for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in March 2014 and continues to be treated for left knee pain. He underwent left knee left total knee revision surgery in August 2014. He had 12 sessions of postoperative physical therapy. When seen, he was having pain when ambulating. He had a minimally antalgic gait. Knee range of motion was from 0 to 110 degrees; an additional 12 physical therapy treatment sessions was requested. Guidelines address the role of therapy after knee arthroplasty with a postsurgical physical medicine treatment period of 6 months and up to 24 physical therapy visits over 10 weeks. In this case, the claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request was not medically necessary.