

<b>Case Number:</b>	CM15-0165410		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: 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:

This is a 55 year old male who sustained an industrial injury on 8-7-2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post left total knee replacement. Per the physical therapy note dated 7-13-2015, the injured worker reported he was still getting swelling in his leg and increased pain when doing his home exercise program. Cold packs and elevation diminished his symptoms. According to the physician progress report dated 7-24-2015, the injured worker was status post left total knee replacement in March 2015. He complained of intermittent slight to moderate pain in his left knee. He was not currently working. The progress reports were hand-written and difficult to decipher. Objective findings (7-24-2015) revealed a well healed incision with slight swelling and slight weakness. Treatment has included surgery, 18 sessions of physical therapy, a home exercise program and medications. The original Utilization Review (UR) (7-27-2015) denied a request for 12 continued post-operative physical therapy 2-3 times a week for 4 weeks for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 continued post-operative physical therapy 2-3 times a week for 4 weeks for the left knee:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Review indicates the patient is s/p left TKR on 3/2/15 with post-op PT visits of at least 18 sessions. PT noted dated 7/1/15 and 7/13/15 documented knee flexion of 0-95 degrees with stiffness and swelling as the patient remained on TTD status from the 18 PT visits rendered. Treatment plan included additional therapy sessions. The provider's reports of 7/24/15 and 7/31/15 noted the patient with same knee range of 0-95 degrees with unchanged symptoms and clinical findings of stiffness and swelling, remaining TTD, off work. There is now a request for additional PT of 12 for total of 30 visits. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over weeks for arthroplasty over a postsurgical physical medicine treatment period of 4-6 months. Submitted reports have not adequately demonstrated the indication to support for a total of 30 post-op physical therapy visits without functional benefit from the 18 visits rendered. The patient's TKA is now over 8 months without documented functional limitations or postop complications nor is there progress in terms of increased range, ADLs, function, or work status to support for PT beyond guidelines criteria. The 12 continued post-operative physical therapy 2-3 times a week for 4 weeks for the left knee is not medically necessary or appropriate.