

<b>Case Number:</b>	CM15-0172932		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/16/1994
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: 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 injured worker is a 71 year old male who reported an industrial injury on 1-16-1994. His diagnoses, and or impressions, were noted to include: other complications due to right and left internal joint prosthesis; painful right total knee arthroplasty of undetermined etiology; painful left revision total knee arthroplasty of undetermined etiology - performed elsewhere; left knee osteoarthritis; and exogenous obesity. X-rays of the left knee were taken on 5-14-2015; no current imaging studies were noted. His treatments were noted to include: diagnostic radiographic studies; left knee steroid injection - effective; localized right knee posterior lateral injection - temporary good effect; and rest from work as he was noted to be retired. The orthopedic progress notes of 8-18-2015 reported a follow-up exam for bilateral, lateral knee pain from painful right total knee arthroplasty and painful left revision total knee arthroplasty performed elsewhere. Objective findings were noted to include: a slow, purposeful and non-antalgic gait; 1+ effusion with tenderness about the medial and posterior lateral joint lines and proximal tibia of the right knee; alignment 5 degree valgus, with < 5 millimeter of "AP" and medio-lateral laxity of the right knee; tenderness about the medial and posterior lateral joint lines and proximal tibia; painful 0-95 degree range-of-motion; alignment 3 degree valgus with < 5 millimeter of "AP" and medio-lateral laxity; no obvious findings for implant failure, instability or infection; and the question as to whether or not most of his pain was due to soft tissue inflammation rather than an intra-articular issue with arthroplasties. The physician's requests for treatments were noted to include physical therapy 2 x a week for 6 weeks, to include steroid phonophoresis of both knees. The Request for Authorization for physical therapy to 2 x a week

for 3 weeks, to include phonophoresis was not noted in the medical records provided. The Utilization Review of 8-27-2015 modified the request for physical therapy to 2 x a week for 3 weeks, to include phonophoresis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy to include steroid phonophoresis of both knees 12 sessions 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines for this 1994 injury. The physical therapy to include steroid phonophoresis of both knees 12 sessions 2x6 is not medically necessary and appropriate.