

<b>Case Number:</b>	CM15-0176146		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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:

This is a 60 year old male with a date of injury of February 2, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for severe degenerative joint disease of the left knee, status post left total knee arthroplasty on June 2, 2015. Medical records dated August 26, 2015 indicate that the injured worker complains of bilateral knee pain, with increased right knee pain due to compensation following left knee surgery. Records also indicate pain rated at a level of 5 to 9 out of 10 with medications and 7 out of 10 without medications. A progress note dated July 29, 2015 notes subjective complaints of bilateral knee pain rated at a level of 8 out of 10 with medications and 5 to 8 out of 10 without medications. The physical exam dated August 26, 2015 reveals tenderness of the medial joint line of the right knee with crepitus, tenderness of the lateral left knee, decreased strength of the left quadriceps, decreased range of motion of the bilateral knees (left knee flexion of 105 degrees and extension of -5 degrees; right knee flexion of 125 degrees and extension of 0 degrees), and a slightly antalgic gait favoring the left knee. The progress note dated July 29, 2015 documented a physical examination that showed tenderness over the left knee incision, decreased range of motion of the left knee (left knee flexion of 90 degrees and extension of -5 degrees), and weakness of the left quadriceps. Treatment has included left total knee arthroplasty, seventeen sessions of postoperative physical therapy, and medications (Norco since at least June of 2015 and Gabapentin since at least August of 2015). The original utilization review (September 3, 2015) non-certified a request for eight sessions of physical therapy for the left knee.

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

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

**Physical Therapy, Left Knee, 2 times wkly for 4 wks, 8 sessions:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in February 2010 and underwent a left total knee replacement on 06/02/15. When seen, there had been 17 post-operative physical therapy treatments. He was having left shoulder and bilateral knee pain. Physical examination findings included decreased left knee range of motion with crepitus. There was knee tenderness with quadriceps weakness. He was continued out of work. His BMI was 42.7. After knee arthroplasty, guidelines recommend up to 24 visits over 10 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had post-operative physical therapy. 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. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.