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| <b>Case Number:</b>   | CM15-0065493 |                              |            |
| <b>Date Assigned:</b> | 04/30/2015   | <b>Date of Injury:</b>       | 03/23/2006 |
| <b>Decision Date:</b> | 05/29/2015   | <b>UR Denial Date:</b>       | 04/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59-year-old male who sustained a work related injury March 23, 2006. According to a secondary treating physician's progress report, dated March 11, 2015, the injured worker presented for follow-up of his increased blood pressure. He recently underwent a right total knee replacement (1/13/2015) completed physical therapy, and is in significant right knee pain. Diagnoses included hypertension with left ventricular hypertrophy, diabetes mellitus, obstructive sleep apnea, on CPAP, and depressive disorder. According to a physician's post-operative visit notes, dated March 16, 2015, the injured worker presented s/p right total knee arthroplasty with some sharp pain in the lateral aspect of the left knee, which was operated on before. The pain occurs when rising from a seated position frequently, over the iliotibial band. Impression is documented as s/p bilateral total knee arthroplasties; mild iliotibial band tendonitis, left knee. Treatment plan included outpatient physical therapy for the right knee, left knee, Voltaren cream for topical use, and continue Mobic. At issue, is the request for (18) sessions of physical therapy to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy Right Knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** 18 Physical Therapy Visits for the Right Knee is not medically necessary per the MTUS Guidelines. The MTUS Postsurgical Guidelines state that the physical medicine treatment for knee arthroplasty is 24 visits over 10 weeks with a postsurgical physical medicine treatment period of 4 months. The documentation indicates that the patient has completed his post surgery rehab. The documentation is not clear on how many sessions of therapy he has had. The documentation indicates that the patient has a new issue of iliotibial tendonitis. It is unclear why the patient requires 18 more supervised therapy sessions for this condition. The MTUS recommends up to 10 visits for myalgia/myositis or for neuritis. The request for 18 physical therapy sessions for the right knee is not medically necessary.