

<b>Case Number:</b>	CM13-0043494		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is an [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; continuous passive motion device; right knee autologous chondrocyte implantation with tibial tubercle osteotomy surgery on August 28, 2013; and unspecified amounts of massage therapy. In a utilization review report dated October 14, 2013, the claims administrator partially certified a request for 18 sessions of postoperative physical therapy as 12 sessions of postoperative physical therapy. The claims administrator stated that postsurgical treatment guidelines would support 24 sessions of postoperative physical therapy following ACL repair surgery and then went to cite postsurgical treatment guidelines following meniscectomy procedure. Overall rationale is quite sparse. The applicant's attorney subsequently appealed. In an August 14, 2013 note, it was stated that the applicant was pending a right knee ACI-tubercle ostomy procedure. A variety of medications and supplies for postoperative use were furnished. The operative report of August 28, 2013 was reviewed. The applicant did undergo right knee scope, debridement, open lateral release, open tibial tubercle ostomy, and open autologous chondrocyte implantation procedure to ameliorate the preoperative diagnosis of the right knee chondromalacia patella. The applicant was ultimately discharged from the hospital on September 1, 2013. In a medical-legal evaluation note of November 5, 2012, it was stated that the applicant had last worked in March 2011, and was not currently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on the information on file, the request represents a first-time request for postoperative physical therapy following earlier knee lateral release surgery, chondrocyte implantation surgery, and tibial tubercle ostomy surgery of August 28, 2013, a procedure which is not specifically described in MTUS 9792.24.3, but could be considered analogous to an ACL repair surgery, section 9792.24.3 does endorse a general course of 24 sessions of treatment following ACL repair surgery. MTUS 9792.24.3.a.2 notes that an initial course of therapy means one-half of the number of visits specified in the general course of therapy for the surgery in question. One half of the 24 visits would represent 12 sessions of treatment. The 18-session course of treatment proposed, thus, runs well in excess of MTUS parameters. No rationale for a variance from the guidelines was furnished by the attending provider. It is further noted that MTUS 9792.24.3.C.4 notes that the applicant shall be reevaluated following continuation of therapy no later than every 45 days so as to document functional improvement to continue physical medicine treatment. The 18-course of treatment proposed by the attending provider, then, runs counter to MTUS principles as would not allow for interval reassessment of the applicant so as to document functional improvement which could justify continuing physical medicine treatment. Therefore, the request is not medically necessary.