

Case Number:	CM13-0053605		
Date Assigned:	12/30/2013	Date of Injury:	06/16/2008
Decision Date:	06/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional 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:

This patient is a 52-year-old female with date of injury 06/16/2008. Per treating physician's report 09/26/2013, the patient has ongoing left anterior knee pain. The patient was seen by total joint specialist who felt that the patient's arthritis was mild and not a candidate for a total knee arthroplasty but recommended consideration of arthroscopic debridement for patellofemoral joint chondrosis. The patient has prior history of arthroscopic medial meniscal debridement in 2009. The pain is localized to the anterior knee. The listed assessments are: Ongoing left knee pain refractory to conservative treatment measures, suspected patellofemoral origin, Minimal early degenerative arthritis of the left knee, Patellofemoral arthritis, History of left knee arthroscopic debridement and medial meniscal tear and chondroplasty of the lateral femoral condyle cartilage lesion from 2009. Recommendation was for arthroscopic evaluation of the left knee with chondroplasty versus microfracture of the patellofemoral articulation. Following surgery, the patient will require physical therapy 3 times a week for at least 6 weeks following the surgery and realistic for at least total of 12 weeks following the surgical procedure. There is a prescription dated 09/16/2013 for physical therapy 2 to 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES KNEE (MTUS POST-SURGICAL
Page(s): 24, 25.

Decision rationale: This patient presents with persistent left knee pain. The request was for postoperative physical therapy, per prescription 09/16/2013, for 2 to 3 times a week for weeks. MRI of the left knee from 04/11/2013 showed mild degenerative bone changes only on the left knee. The patient was apparently evaluated for total knee arthroplasty deemed not a candidate for knee replacement but recommendation was for arthroscopic chondroplasty to address the patient's persistent patellofemoral pain syndrome. MTUS Guidelines regarding postoperative care following arthroscopic surgery for chondromalacia of the patella recommend 12 visits over 12 weeks. In this case, the treating physician has asked for 2 to 3 times a week for 6 weeks, and the request exceeds what is allowed by MTUS Guidelines. Recommendation is for denial.