

<b>Case Number:</b>	CM13-0059600		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 patient reported an injury on 05/08/2007. The mechanism of injury involved heavy lifting. The patient is diagnosed with musculoligamentous sprain of the cervical and lumbar spine, multilevel degenerative disc in the lumbar spine, Schmorl's node at L4-5 and L5-S1, lumbar disc protrusion, tarsal tunnel syndrome on the left, and chondromalacia patella of the right knee. The patient was seen by [REDACTED] on 10/31/2013. The patient reported persistent right knee pain with popping and giving way. Physical examination revealed 3+ swelling with tenderness at the patellofemoral joint and medial joint line, crepitation with range of motion, positive McMurray's testing, positive patellofemoral compression testing and apprehension testing, and numbness in the first, second, and third toes. Treatment recommendations included arthroscopic surgery to the right knee with postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OP PHYSICAL THERAPY 2 X 6 WEEKS, RIGHT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Knee and Leg Chapter, Diagnostic Arthroscopy

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** California MTUS Guidelines state the initial course of physical therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment for chondromalacia patella includes 12 visits over 12 weeks. Therefore, the current request for 12 sessions of postoperative physical therapy exceeds guideline recommendations. As such, the request is non-certified.