

<b>Case Number:</b>	CM14-0002715		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/23/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 39 year old female who reported an injury on 07/23/2011. The mechanism of injury was not provided. The clinical note dated 02/03/2014 reported the injured worker is status post left knee surgery on 09/30/2013 and had completed approximately 23 sessions of physical therapy. She reportedly complained of the inability to walk up or down stairs easily and has difficulty stepping off curbs. She also reportedly stated she cannot do a squat or run. The injured worker's medication regimen included Motrin. The physical examination, on this date of service, reported the injured worker had a slightly antalgic gait and knee extension was 120-130 degrees. In addition, the physician noted the injured worker has shown functional gains from therapy, specifically improved range of motion, activities of daily living, a reduction in work restrictions and decreased medication usage. The diagnoses included chondromalacia of patella. The treatment recommended was continued physical therapy. The physical therapy note dated 01/19/2014 reported the injured worker had completed 19 sessions and was feeling good. The physical therapy assessment/diagnosis reported the injured worker was able to perform complete LAQ for the first time including controlled lowering back to rest, decreased range of motion and left extremity weakness. The injured worker was recommended for additional supervised exercise and manual therapy to progress further in a safe manner. The request for authorization was submitted on 11/26/2013. A clear rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY, 12 SESSIONS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee; Post-Surgical.

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

**Decision rationale:** The request for Additional Post-Operative Physical Therapy, 12 sessions for the Left Knee is not medically necessary. The injured worker has a history of left knee surgery of Tibial Tubercle transfer and approximately 19-22 sessions of post-surgical physical therapy. The CA MTUS Post-Surgical Treatment Guidelines recommend 12 physical therapy sessions over 12 weeks based on a six month duration. The clinical information, provided for review, states the injured worker has completed 19-22 sessions of physical therapy and has been recommend to continue supervised exercise and manual therapy to progress further in a safe manner. However, there is no clear documentation to support the injured worker has gained objective functional improvement. In addition, continued physical therapy, for this injured worker, would far exceed the evidence based guidelines for post-surgical physical therapy. Therefore the request for Additional Post-Operative Physical Therapy, 12 sessions for the Left Knee is not medically necessary and appropriate.