

<b>Case Number:</b>	CM14-0117704		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 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 patient is a 50-year-old female who has submitted a claim for Patello Femoral Malalignment, Right Knee and Chondromalacia, Patella, associated with an industrial injury dated 07/04/2013. Medical records from January 2014 to June 2014 were reviewed, which showed intermittent cramping at night and during the day and 5/10 right knee pain. Physical examination revealed 0-120 degree range of motion with weakness and persistent quadricep atrophy. Treatment to date has included arthroscopic right knee lateral retinacular release on 03/25/2014 and 16 sessions of physical therapy from 04/01/2014 to 06/12/2014, and home exercise program. Utilization review from 07/17/2014 denied the request for 8 additional physical therapy sessions since patient had already completed 16 sessions of physical therapy sessions. Postsurgical treatment guidelines indicate that for chondromalacia of patella, 12 visits of physical therapy over 12 weeks for 6 months may be necessary. Progress notes submitted 06/12/2014 after the last physical therapy session indicated that patient still had intermittent cramping with grade 5/10 right knee pain. Physical examination findings were not disclosed. The patient still had weakness and persistent quadriceps atrophy without evidence of objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Appeal Physical Therapy, twice a week, for four weeks for the right knee 97110: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy, Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** As stated on page 26 of the California MTUS Post-Surgical Treatment Guidelines for, Chondromalacia of Patella, 12 sessions of physical therapy over 12 weeks within the post-surgical period of 6 months may be prescribed to aid in functional improvement of the patient. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical medicine period. In this case, patient underwent arthroscopic right knee lateral retinacular release and chondroplasty on 03/25/2014. The patient had completed 16 sessions of physical therapy from 04/01/2014 to 06/12/2014, from progress notes provided. However, medical records submitted failed to show evidence of functional improvement from prior physical therapy sessions. Progress report from 06/12/2014 cited that patient complained of intermittent cramping at night and during the day, achiness, and right knee pain 5/10. Additional 8 physical therapy sessions were requested to continue working on coordination, strength, and muscular endurance during open and closed kinetic chain activities. However, physical examination findings were not included in the documents provided. Likewise, it was unclear why patient cannot just continue with self-directed home exercise program given the extensive therapy visits attended. Therefore, the request for Physical Therapy #8 is not medically necessary.