

<b>Case Number:</b>	CM14-0118610		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/01/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 51-year-old male with date of injury of 04/22/2011. The treating physician's listed diagnoses from 05/28/2014 are: 1. Right knee patellofemoral chondromalacia and grade III central trochlear chondromalacia with medial compartment osteoarthritis. 2. History of work related injury to the right knee. 3. Status post previous arthroscopy from 03/09/2012. 4. Status post revision right knee arthroscopy from 02/21/2014. 5. History of ultrasound-guided injection to the right knee with medial joint capsule on 10/21/2012 with excellent relief. According to this report, the patient is post right knee diagnostic and operative arthroscopy from 02/21/2014. The patient was noted to have a grade II to III patellofemoral and medial compartment osteoarthritis which was significant covering 80% of the medial compartment. He is continuing to have significant stiffness, achiness, and difficulty with prolonged standing and sitting as well as knee flexion and extension. The patient previously received ultrasound-guided injection with significant relief. The examination shows a well-healed arthroscopic portal. Range of motion is 0 to 125 degrees. Strength is 4+/5. He has patellofemoral crepitation, patellofemoral grind, tenderness to the medial compartment and patellofemoral compartment with a burning sensation. The documents include right knee arthroscopy operative report from 02/21/2014, physical therapy reports from 05/06/2014 to 06/17/2014, and progress reports from 02/04/2014 to 07/09/2014. The utilization review denied the request on 07/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Guidelines for arthroplasty Page(s): 24-25,8.

**Decision rationale:** This patient presents with right knee pain. The patient is status post right knee arthroscopy from 02/21/2014. The treater is requesting 8 physical therapy visits. The MTUS Postsurgical Guidelines page 24 and 25 for arthroplasty recommends 24 visits over 10 weeks. The physical therapy report 05/06/2014 show visit No. 13 noting that the patient continues to experience burning in his right knee and is awaiting authorization for injection to eliminate the symptoms he is having. The 06/06/2014 physical therapy progress report notes that the patient complains of continued pain deep behind his patella when straightening out his right knee. He reports that his knee feels better but the pain behind the right knee is still limiting his ability to kneel or ambulate using the stairs. The 06/17/2014 physical therapy reports show that the patient continues to experience bone on bone pain into his right knee and burning into his right knee. The patient states that he had to go to the emergency room on Friday as he started having a lot of back pain radiating down his right lower extremity from his lumbar spine to his gluteal region into the right knee and below his calf. The records show that the patient has received a total of 24 physical therapy visits following right knee arthroscopy from 02/21/2014. The requested 8 sessions when combined with the previous 24 would exceed MTUS Guidelines. Furthermore, MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. Given the lack of functional improvement while utilizing physical therapy, the request is not medically necessary.