

<b>Case Number:</b>	CM14-0150920		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Emergency Medicine 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 42-year-old female who reported an injury on 08/25/2011. The mechanism of injury reportedly occurred when the injured worker squatted down, after which she heard a pop. Her diagnoses include left knee chondromalacia to the patella, left knee plica syndrome, and grade II chondromalacia to the medial aspect of the anteromedial patella. Her past treatments included 16 physical therapy visits, medications, heat and ice, and rest. Her surgical history included a left knee chondroplasty on 05/19/2014. On 06/17/2014, the injured worker complained of left knee pain rated 6-7/10. The physical examination revealed range of motion of the left knee included extension -12 degrees and flexion at 85 degrees. It was noted 3+/5 strength to the left knee. On 07/22/2014, the injured worker complained of left knee pain anteriorly rated 7/9 with all exercise and activities. The physical examination revealed range of motion of the left knee included extension at 2 degrees and left knee flexion at 120 degrees. The injured worker had 4-/5 strength to the left knee. Her medications included pain medications. The treatment plan included continuing with weight bearing activities as tolerated. A request was received for additional postoperative physical therapy 2x4 to the left knee. A rationale was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post op physical therapy 2x4 left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** According to the California MTUS Guidelines, 12 sessions of postoperative physical therapy are recommended after left knee chondroplasty for 12 visits. The injured worker is noted to be status post left knee chondroplasty with continued left knee pain. The documentation indicated the injured worker to have completed 16 physical therapy visits with objective functional improvement of the left knee's range of motion and muscle strength; however the pain level remained at 6-7/10. The documentation also indicated the injured worker still had difficulty with all exercise and activities due to pain. Although, the injured worker was noted to have objective functional improvements with ROM and strength, functional deficits due to pain; however, there was lack of evidence to indicate exceptional factors to warrant additional visits and the requests exceeds the allotted amount suggested, the request is not supported by the guidelines. As such, the request for Additional postoperative physical therapy 2x4 to the left knee is not medically necessary.