

<b>Case Number:</b>	CM14-0154679		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 and 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 52 years old male with an injury date on 05/01/2014. Based on the 04/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Crush injury from 25,000 pound steel right leg from 05/01/2013. 2. Large synovial plica right knee, status post arthroscopic excision September 19, 2013. 3. Small anterior horn medial and lateral meniscal tear status post partial medial and lateral meniscectomy, right knee September 19, 2013. 4. Grade II chondromalacia patella status post chondroplasty. 5. Left knee pain compensatory with clinical evidence of a symptomatic large synovial plica shown MRI scan, not mentioned by the radiologist. According to this report, the patient complains of continued pain at the bilateral knee. Exam of the left reveals a large plica which is very tender. There is no effusion and instability. MRI of the left knee on 03/20/2014 reveals "chondral degeneration extending down to the medial patellar facet posterior cortex. Intense marrow edema is noted in the adjacent portion of the patella which is related to the chondromalacia." There were no other significant findings noted on this report. The utilization review denied the request on 08/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/21/2014 to 07/08/2014.

### 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, 2 Times Weekly for 4 Weeks, Left Knee Per Report Dated 07/30/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee (MTUS post-surgical) Page(s): 24,25.

**Decision rationale:** According to the 04/14/2014 report by [REDACTED] this patient presents with continued pain at the bilateral knee. The patient is status post left knee arthroscopy with excision of synovial plica, synovectomy three compartments, chondroplasty of the inferior pole of patella, and partial medial and lateral meniscectomy, anterior horn on 06/12/2014. The treating physician is requesting 8 additional sessions of post-op physical therapy for the left knee, per 07/30/2014 report but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 04/14/2014 and the utilization review letter in question is from 08/29/2014. The utilization review denial letter states the patient has "had attended 6 out of 8 sessions of physical therapy for the knee from 07/02/2014 to 07/29/2014." Regarding post-op knee arthroscopy (Meniscectomy and chondroplasty) therapy treatments, MTUS guidelines recommend 12 visits over 12 weeks. Review of reports from 01/21/2014 to 07/08/2014 shows the patient has completed 2 post-op therapy sessions. However, UR alludes that the patient has had attended 6 out of 8 authorized sessions. Given that the patient has had 8 sessions per UR, the requested 8 additional sessions exceed what is allowed per MTUS therefore the request is not medically necessary.