

Case Number:	CM14-0160876		
Date Assigned:	10/06/2014	Date of Injury:	06/18/2013
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopaedic 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 32 years old female with a date of injury on 6/18/2013. She was employed as a waitress. Injury occurred when she tripped and fell directly onto the left knee on a concrete floor. She was diagnosed with a left knee patella fracture and was immobilized for 3 months. The 12/3/13 left knee magnetic resonance imaging (MRI) impression documented mild chondromalacia patella and intact ligaments, tendons, and menisci. The 8/28/14 treating physician report indicated that this was the first post-op visit after left knee arthroscopy on 8/22/14. At the time of surgery, the injured worker was found to have a very thickened and overgrown synovium which was debulked. The patella had a delaminated articular cartilage without an acute detachment or break in the surface. The menisci were normal and there was no visual evidence of a patellar fracture. The following day on 8/23/14, she collapsed at home secondary to pain. She was examined in the emergency room and x-rays of the knee were performed. She was given an injection of morphine and was able to calm down. Left knee exam documented the wound was clean and healing with no evidence of infection. Range of motion was markedly limited secondary to pain and stiffness. The treatment plan recommended the injured worker begin an active physical therapy program. Various surgical interventions were discussed including patellofemoral replacement, autologous chondrocyte implantation, and amniotic fluid injection via arthroscopy into the space that is delaminated between the underlying bone and overlaying cartilage. A request has been submitted for left knee arthroscopy amniotic injection into the space between the delaminated articular cartilage in the bone of the patella, and autologous chondrocyte implantation biopsy. The treating physician stated that the requested injection procedure was experimental. The 9/16/14 utilization review denied the request for post-op physical therapy as the associated surgery was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 3 times a week times 4 weeks, left knee: Upheld

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for knee arthroscopic surgery typically support a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. 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 physical medicine period. There is no indication that the injured worker has been authorized for the requested left knee surgery. Post-operative physical therapy for arthroscopic knee surgery is typically supported for 6 initial visits. There is no compelling reason to support the medical necessity of treatment beyond guideline recommendations. Therefore, this request is not medically necessary.