

<b>Case Number:</b>	CM14-0182074		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/10/2003
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Orthopedic Surgery, and is licensed to practice in Indiana. 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 46-year-old male with a date of injury of 5/12/03 at which time the worker was operating a [REDACTED] and a beam came down and fractured his right tibia. The worker has a diagnosis of osteoarthritis of both knees, right greater than left ICD-9 code 715.9. On 6/18/04, the worker underwent an arthroscopic partial lateral meniscectomy, debridement and chondroplasty of the patellofemoral joint and 3-compartment synovectomy of the right knee. On 4/17/08 the worker underwent a partial lateral meniscectomy, microfracture abrasion arthroplasty of the lateral femoral condyle and partial synovectomy of the right knee. On 9/09/08 the worker underwent an arthroscopically assisted posterior cruciate ligament reconstruction with an Achilles tendon allograft and partial lateral meniscectomy of the right knee. The worker underwent surgery on 9/3/09 for an operative arthroscopy of the right knee with microfracture abrasion arthroplasty of the lateral femoral condyle, partial lateral meniscectomy and extensive synovectomy of the right knee. There was also noted to be an absent posterior cruciate ligament and Grade II - III chondromalacia of the patellofemoral joint. On 3/25/11 the worker underwent an arthroscopically-assisted PCL reconstruction of the right knee with open lateral retinacular release. On 9/26/11, the worker underwent an arthroscopic partial medial meniscectomy of the right knee. X-rays of the right knee taken on 4/4/12 indicate narrowing of the medial and lateral joint spaces of the right knee compared to the left. The worker underwent a right knee arthroscopy and debridement on 3/20/14 for arthrofibrosis with Grade 4 chondromalacia of the patellofemoral joint, medial femoral condyle, and Grade II - III chondromalacia of the lateral tibial plateau. The worker attended physical therapy post-operatively. The injured worker has been previously treated for lower back pain with radicular left leg pain with epidural steroid injections, narcotics, and physical therapy and lumbar spine surgery for a lumbar laminectomy and discectomy at L5-S1 in 1998. On 6/2/14 the worker complained of 80% back pain and 20%

bilateral leg pain and the spine surgeon recommended repeat lumbar spine surgery for a pseudarthrosis of the previous fusion. On physical examination on 7/15/14 and 9/23/14, the worker exhibited a definite pop of the iliotibial band at the level of the lateral femoral condyle with a 2+ posterior drawer but had full ROM of the right knee with no effusion. The worker had failed a previous posterior cruciate ligament reconstruction x 2, post-op bracing, steroid injections and had experienced a reaction to a previous Synvisc injection. Surgery for open resection of the iliotibial band of the right knee was certified as was modified post-op physical therapy for 6 sessions right knee. The treating physician is requesting post-op physical therapy for the right knee 3x6.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post op Physical Therapy 3x6 right knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Physical Medicine Treatment x Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 > Knee > Overview > Iliotibial Band Syndrome

**Decision rationale:** The CA MTUS Guidelines are silent in regard to physical therapy recommendations post- knee surgery for iliotibial band syndrome. According to the ACOEM V.3 Guidelines for treatment of Iliotibial band syndrome, treatment is largely empiric, as quality evidence is sparse, and may consist of NSAIDs, active physical therapy, glucocorticosteroid injections, and deep friction massage. According to the ODG Treatment Guidelines for Physical Medicine Treatment for osteoarthritis of the knee: The latest AAOS Guidelines for Treatment of Osteoarthritis of The Knee, include a strong recommendation that patients with symptomatic osteoarthritis of the knee participate in self-management programs, strengthening, low-impact aerobic exercises, and neuromuscular education; and engage in physical activity consistent with national guidelines. (AAOS, 2013) Since there is no quality evidence for recommendations regarding formal post-op physical therapy s/p surgery for iliotibial band syndrome, since the worker had full range of motion of the right knee pre-operatively, and since the worker has associated osteoarthritis of the right knee and the AAOS recommends self-management exercise programs, a home exercise program would be adequate for this worker s/p open surgery for resection of the iliotibial band of the right knee and the request for post-op physical therapy 3x6 is not medically necessary.