

<b>Case Number:</b>	CM14-0078294		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Orthopedic Surgery, with a subspecialty in Sports Medicine, 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 injured worker is a 55-year-old who reported an injury on March 4, 2014. The mechanism of injury was not stated. The current diagnosis is left knee osteochondral defect with patellofemoral chondromalacia. The injured worker was evaluated on April 14, 2014, with complaints of persistent pain and instability. Physical examination revealed no apparent distress, joint line tenderness along the medial and lateral aspect, positive McMurray's sign, patellar effusion, intact sensation, mild atrophy in the musculature of the knee, significant tenderness of the facet with negative apprehension and full range of motion. Previous conservative treatment is noted to include corticosteroid injection, physical therapy, anti-inflammatory medication and activity modification. It is noted that the patient's left knee MRI revealed a chondral fissure along the patellofemoral compartment with a small osteochondral defect along the medial ridge. Treatment at that time included a left knee arthroscopy and evaluation. A Request for Authorization form was then submitted on April 26, 2014 for a left knee arthroscopy with chondroplasty, an assistant surgeon and twelve postoperative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve post-operative physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-Knee.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 25.

**Decision rationale:** The Postsurgical Treatment Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of the therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment for chondromalacia of the patella includes twelve visits over twelve weeks. The current request for twelve sessions of postoperative physical therapy would exceed guideline recommendations. There is also no specific body part listed in the current request. Therefore, the request for twelve post-operative physical therapy sessions is not medically necessary or appropriate.