

Case Number:	CM13-0036177		
Date Assigned:	12/13/2013	Date of Injury:	07/21/2012
Decision Date:	03/06/2015	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 07/21/2012 when he ran over the top of his left foot with a dish cart. He has reported pain in the left knee radiating to the calf and left foot pain and was diagnosed with left knee contusion, patellar subluxation, patellofemoral syndrome, left foot contusion with residual midfoot metatarsalgia, lower back pain and right lateral epicondylitis. Treatment to date has included oral medication, corticosteroid/lidocaine injection, physical therapy and chiropractic therapy. The most current treating physician progress note from 08/06/2013 noted that the IW continued to complain of pain in the left knee which moved from the medial side of the left knee to the kneetop area after attending physical therapy. The pain was rated from 2-4 out of 10. The knee injection was noted to have helped decrease pain initially but that it had returned after about a month. The objective examination findings were notable for a positive patellar grind and bounce test with some pain with full flexion, anterior and posterior drawer tests negative, negative Lachman test, no pain or instability with valgus or varus stress, and nontender at the medial joint.. A supplemental orthopedic progress note on 08/30/2013 indicated that a recent MRI of the knee had shown damage to the retropatellar cartilage of the end of the lateral femoral condyle and that left knee surgery (patelofemoral chondroplast and synovectomy) would be needed. Post-operative physical therapy of the left knee was requested. On 10/10/2013, Utilization Review non-certified a request for 12 visits of physical therapy of the left knee, noting that the therapy visits were requested for post-operative treatment but that since the surgical procedure was not medically

necessary, the PT of the left knee wasn't medically necessary. MTUS post-surgical guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee (12 visits): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg section, Chondroplasty

Decision rationale: The MTUS does not specifically address chondroplasty. However, the ODG states that chondroplasty is recommended but not as a primary treatment for osteoarthritis. The indications for surgery (chondroplasty) includes 1. Conservative care (medication or physical therapy or both plus 2. Subjective clinical findings (joint pain AND swelling) plus 3. Objective clinical findings (effusion OR crepitus OR limited range of motion) plus 4. Imaging clinical findings (chondral defect on MRI). In the case of this worker, the request was for post-operative physical therapy with the surgery proposed being chondroplasty/synovectomy of the left knee. The worker had conservative care, had joint pain, but no swelling, had normal range of motion, no crepitus, no effusion, but had MRI findings of retropatellar cartilage damage. Not all of the criteria, technically, have been met, according to the documentation provided for review, and therefore, the postoperative physical therapy would not be medically necessary without surgery.