

<b>Case Number:</b>	CM14-0204714		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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, has 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 39-year-old male who reported an injury on 06/07/2012. The mechanism of injury reportedly occurred when a piece of equipment fell on the injured worker's knee. His diagnoses included chondral defect of condyle of the right femur. Past treatments were noted to include surgery and physical therapy. His diagnostic studies were noted to include an x-ray performed on 10/20/2014, which was noted to reveal interval healing of his opening wedge high tibial osteotomy and good correction of femorotibial SF. His surgical history was noted to include diagnostic arthroscopy with removal of multiple chondral loose bodies, chondroplasty of the trochlea, chondral biopsy, and high tibial osteotomy performed on 08/12/2014. The progress note dated 10/20/2014 indicated the injured worker reported no significant pain in the knee with crutch ambulation. However, he reported pain and swelling, occasionally severe and aggravated by prolonged standing or seating activities. Physical examination revealed full range of motion to the right knee and intact distal neurocirculatory examination. Current medications were not specified. Treatment plan included a recommendation for formalized physical therapy. The request is for associated surgical service: physical therapy: 3x/week for 3 weeks (right knee). However, the rationale for the request and the Request for Authorization form were not included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: physical therapy: 3 times a week for 3 weeks (right knee):**  
Upheld

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

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

**Decision rationale:** The request for associated surgical service: physical therapy: 3x/week for 3 weeks (right knee) is not medically necessary. The California Postsurgical Treatment Guidelines recommend 12 postsurgical physical therapy treatment sessions over 12 weeks for treatment of loose body in the knee or Chondromalacia of the patella. Documentation indicated that the injured worker completed 18 visits of therapy as of 11/20/2014. However, there was no indication of the total number of physical therapy visits completed to date, nor was there clinical evidence submitted to demonstrate objective functional improvement. Additionally, as the injured worker had completed 18 documented physical therapy visits, he has exceeded the recommended number of 12 postsurgical treatment visits for physical therapy per guideline criteria. As such, the request for associated surgical service: physical therapy: 3x/week for 3 weeks (right knee) is not medically necessary.