

<b>Case Number:</b>	CM15-0021600		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### 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 38 year old male, who sustained an industrial injury on 4/18/2012. The diagnoses have included internal knee derangement status post surgery, and chondromalacia of patella, left knee. He had undergone 2 prior left knee surgical procedures in 2002 and 2009 including excision of a bipartite segment of the patella. Treatment to date has included home exercise, physical therapy, orthopedic consultation, medications and surgical intervention. He underwent left knee arthroscopy with lateral release and chondroplasty on 11/06/2013. Because of continuing pain the provider requested 12 physical therapy sessions for the left knee on 7/16/2014. On 9/11/14 the IW had completed 8 sessions and his knee pain was worse. An MRI scan was requested. Magnetic resonance imaging (MRI) of the left knee dated 10/01/2014 was read as status post left knee surgery with post-surgical metallic artifact seen in the area of bipartite patella resection. There was no meniscal tear or chondromalacia reported. Currently, the IW complains of ongoing pain in the bilateral knees, left greater than right. Objective findings included minimal tenderness along the medial or lateral joint line. There is 2+ tenderness of the patellofemoral joint. Left knee range of motion is extension 0 degrees and flexion 140 degrees. The right knee has full range of motion. On 1/12/2015, Utilization Review non-certified a request for post-op physical therapy (2x6) for the bilateral knees noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/04/2015, the injured worker submitted an application for IMR for review of post-op physical therapy (2x6) for the bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Physical Therapy 2xweek x 6 weeks, bilateral knees:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The injured worker has a history of chondromalacia of patella of the left knee status post arthroscopy with chondroplasty and resection of bipartite segment with continuing pain. His last surgical procedure was on 11/6/2013 consisting of arthroscopy with chondroplasty. The provider saw the injured worker on 7/16/14 for multiple complaints including pain in the lower back, right hip, both knees, and right ankle. The left knee pain was worse than the right. 4 view x-rays of the left knee revealed prior partial patellectomy involving the bipartite segment on the superolateral aspect. The x-rays were otherwise negative. The provider requested physical therapy twice a week for 6 weeks for the left knee. The notes indicate that this was for patellofemoral rehabilitation. On a subsequent visit of 9/11/2014 the injured worker had completed 8 sessions of physical therapy and had 4 more sessions left. He had full range of motion of the left knee and walked with a normal gait. However, he had 3+ tenderness over the patellofemoral joint and stated that his condition had worsened. The provider requested an MRI scan of the left knee which was negative other than a postsurgical metallic artifact seen at the site of resection of the bipartite segment of the patella. The disputed issue pertains to the request for physical therapy which was denied by utilization review as it was requested as postoperative physical therapy although the injured worker had not undergone any additional surgery since 11/6/2013. Because of the surgery date we cannot use the postsurgical treatment guidelines. Chronic pain guidelines are therefore used. The guidelines recommend physical medicine in the form of active therapy which is based on the philosophy that therapeutic exercise or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete is specific exercise or task. Home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. For myalgia and myositis, unspecified 9-10 visits over 8 weeks are suggested with transition to a home exercise program. The records indicate that the injured worker had completed 8 sessions of physical therapy on 9/11/2014. The guidelines recommend 10 sessions. The provider had scheduled four more sessions which exceeded the guidelines by 2. The IMR application for post-operative physical therapy is not appropriate at this time as the postsurgical physical medicine period for the surgery performed is 4 months and the surgery was performed on 11/06/2013. However, using chronic pain guidelines the request for physical therapy for bilateral knees was appropriate and medically necessary.