

<b>Case Number:</b>	CM15-0030771		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 27 year old female with an industrial injury dated December 10, 2013. The injured worker has chronic right knee pain status post multiple surgical procedures including chondroplasty, microfracture, and arthroscopy with osteochondral allograft transplant on 4/28/2014. She received 22 sessions of post-surgical physical therapy with no objective functional improvement. According to the progress note dated 4/30/2014, the injured worker reported severe right knee pain one day post surgery and received intravenous opioids. There were no current primary treating physician's progress reports submitted for review. X-rays or other imaging studies were not submitted. The treating physician prescribed physical therapy to the right knee, post op 2x4. Utilization Review determination on January 30, 2015 denied the request for physical therapy to the right knee post op 2x4, citing MTUS Guidelines. The surgery was in April 2014 and so post-surgical physical medicine was no longer applicable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the right knee post op 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation ODG, Section: Knee, Topic: Physical Medicine Guidelines, Articular cartilage disorder, Chondroplasty, OATS,; 9 visits over 8 weeks.

**Decision rationale:** The injured worker is a 27-year-old female with a date of injury of December 10, 2013. She has chronic right knee pain. She is status post multiple surgical procedures including osteochondral allograft transplantation surgery on April 28, 2014. She received 22 sessions of postoperative physical therapy. She is restricted with regard to standing and walking and has not returned to work. The disputed request pertains to 8 sessions of physical therapy which were noncertified by utilization review on 1/30/2015 as the postsurgical physical medicine was no longer applicable. California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for chondromalacia with the postsurgical physical medicine treatment period of 4 months. ODG guidelines recommend 12 visits over 12 weeks for osteochondral autograft transplant system (OATS). She did not qualify for chronic pain physical medicine due to lack of objective functional improvement from the physical therapy programs in the past. Based upon medical records dated 4/29/2014 her active problem list included history of methicillin-resistant staph aureus, fusion of thoracic spine, migraine, chondromalacia, left knee pain, and right knee arthrotomy with allograft osteochondral transplantation. There was a past history of 3 arthroscopic surgical procedures on the right knee including microfracture. She was taking oxycodone/acetaminophen 10/325 mg for pain. A request for physical therapy 2x4 was non-certified by utilization review on 1/30/2015. Utilization review notes document use of Norco, Soma, and lidocaine. An examination of January 13, 2015 revealed inability to walk on tiptoes or heels and inability to squat. A detailed objective evaluation of the knee has not been provided and recent diagnostic studies are also not available. California MTUS guidelines pertaining to postsurgical physical therapy do not apply. Chronic pain physical medicine guidelines are also not applicable due to the absence of objective functional improvement from physical therapy in the past. The injured worker has not returned to work and is currently on opioids for pain. She has been instructed in a home exercise program. There is no reason given why she cannot continue with the exercise program as instructed. A treatment plan has not been submitted. As such, the request for additional physical therapy 2 x 4 is not supported by guidelines and the medical necessity of the request has not been substantiated.