

Case Number:	CM15-0050697		
Date Assigned:	03/24/2015	Date of Injury:	04/16/2009
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 46-year-old male, who sustained an industrial injury on 4/16/2009 when he was kicked by a 5 year old. Diagnoses include right knee medial femoral condyle chondromalacia with possible subchondral fracture and prepatellar tissue edema. Treatment to date has included diagnostic imaging, cortisone injections, Synvisc injections, bracing, crutches, medications, extended time off work and September 27, 2011 arthroscopy with chondroplasty. Per the Treating Physician's Progress Report dated 2/03/2015, the injured worker reported persisting right knee pain. Physical examination revealed limping and pain with kneeling and squatting. Gross observation revealed quadriceps atrophy. Muscle strength is 4/5. Palpation reveals tenderness at the medial and lateral joint lines and at the patellofemoral joint. There was tenderness to palpation medial, lateral and anterior. There was minimal effusion and minimal crepitus upon range of motion. Range of motion was from 10 degrees to 100 degrees. McMurray test was positive. The plan of care included repeat arthroscopy with chondroplasty. Authorization was requested for right knee arthroscopy and chondroplasty and 16 post-op physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 post-operative physical therapy visits: 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: In this case, the proposed surgery was performed in 2011 with post-operative therapy and failed. The success of repeat additional surgery in the setting of failed prior surgery as been shown repeatedly to be diminished compared to initial surgery. There are no specific guidelines regarding therapy in this setting of repeat chondroplasty, but the CA MTUS would support an initial course of 6 post surgical therapy sessions and consideration of up to 12 visits over a 12 week period if there was functional improvement from the initial 6 session. Therefore, the request for 12 post-surgical therapy sessions is not supported as medically necessary and appropriate. The requested treatment is not medically necessary.