

<b>Case Number:</b>	CM15-0230283		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	01/13/2008
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2015

### 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 61 year old male, who sustained an industrial injury on 1-13-08. The injured worker was diagnosed as having right total knee replacement with patellar discomfort and possible patella loosening. Subjective findings (2-3-15, 3-17-15 and 7-13-15) indicated 4-7 out of 10 right knee pain with driving, biking, walking and sitting. Objective findings (2-3-15, 3-17-15 and 7-13-15) revealed right knee tenderness in the lateral and medial joint line, range of motion is 0-120 degrees and 1+ effusion. Treatment to date has included Celebrex and Percocet. The Utilization Review dated 10-20-15, non-certified the request for physical therapy 3 x weekly for 4 weeks for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The injured worker is a 61-year-old male with a history of bilateral total knee arthroplasties. He complains of pain in the anterior aspect of the right knee. The documentation indicates that right total knee arthroplasty was performed 3 years ago. Per progress notes dated 7/13/2015 is pain level was 4-7/10 in the right anterior knee with driving, biking, walking, and sitting. He was using Celebrex. On examination the anterior midline incision was healed. There was tenderness over the lateral patellar facet and anterolateral and anteromedial joint line. Range of motion was 0-120. There was 1+ effusion, good stability and 1.5 cm right quadriceps atrophy. X-rays of the right knee were obtained. The impression was right total knee replacement with patellar discomfort and possible early patellar loosening and synovitis in the peripatellar region likely given positive reaction to intra-articular cortisone injection. Possible tight lateral left tenaculum, visible atrophy of the quadriceps. The provider recommended surgery consisting of right knee arthroscopy, synovectomy, lateral retinacular release, possible patellar abrasion arthroplasty and scar excision and postoperative physical therapy. Review of prior records indicates a bone scan was performed on July 2, 2014 which showed mild to moderate uptake of the right greater than left patella. However, radiographic evidence of loosening of the patellar component has not been identified. The available documentation indicates that the surgery was noncertified. The current request pertains to physical therapy 3 times a week for 4 weeks for the right knee which was denied by utilization review on 10/20/2015 because the surgery was not certified and this was a request for postsurgical physical therapy. CA MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for chondromalacia of patella. In this case, the procedure is possible lateral release for the patella, possible patellar abrasion arthroplasty, and synovectomy of the knee which should be similar to the therapy for chondromalacia of patella. The initial course of therapy is one half of these visits which is 6. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 6 visits may be prescribed. The request as stated is for 12 visits which exceeds the guideline recommendations. As such, the medical necessity of the request has not been substantiated. The foregoing assumes that surgery is certified which according to the available documentation is not the case at this point. Therefore in the scenario of noncertification of the surgical procedure, the above request is not medically necessary.