

<b>Case Number:</b>	CM14-0127088		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; crutches; earlier knee arthroscopy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for 24 sessions of postoperative physical therapy. The claims administrator stated that the applicant had undergone knee surgery on November 3, 2013. The claims administrator stated that the applicant was off of work, on total temporary disability, as of June 26, 2014. The applicant's attorney appealed, in a letter dated August 25, 2014 but only enclosed reports dated February 5, 2014 and January 14, 2014. The progress note on which physical therapy was requested dated June 27, 2014 was not provided. In an operative report dated February 5, 2014, the applicant underwent a left knee arthroscopy, lateral interval release, revision medial patellofemoral ligament reconstruction with Achilles allograft, debridement, and micro fracture. The applicant was placed off of work, on total temporary disability, as of January 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2-3 times a week for 8 weeks, left knee QTY:24.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The applicant underwent a revision patellofemoral ligament reconstruction, lateral release, knee arthroscopy, debridement of articular cartilage defects, and micro fracture on February 5, 2014. This is not a procedure with Postsurgical Treatment Guidelines clearly encapsulated in MTUS 9792.24.3. By analogy, however, this could be considered equivalent to an ACL reconstruction surgery, a procedure which MTUS 9792.24.3 endorses a general course of 24 visits of treatment. However, this recommendation is qualified by commentary in MTUS 9792.24.3.c.4.b to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants who fail to demonstrate any functional improvement. In this case, a very limited amount of information is on file. The claims administrator has suggested that the applicant remained off of work, on total temporary disability, as of June 26, 2014, i.e., that the applicant was off of work at the four-month mark of the date of surgery. This does represent a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of postsurgical physical medicine treatment during the four months between the date of surgery and the date of the request, June 27, 2014. Additional treatment thus cannot be supported based on the information on file, owing to the seeming lack of functional improvement to date. Therefore, the request is not medically necessary.