

<b>Case Number:</b>	CM14-0152566		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. 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 44-year-old female with a date of injury of 9/20/2013. Per progress notes dated 2/10/2014 she was complaining of left knee pain, right shoulder pain, mid and low back pain and neck pain. The left knee pain was located in the front of the knee and rated 9/10. It radiated down the leg to the ankle. Range of motion of the knee was difficult. She had tried bracing, physical therapy, cortisone injections, and Visco supplementation injections. The MRI scan had revealed mild patellar chondral fissuring. There was no meniscal tear noted. A diagnostic arthroscopy was advised. Per follow-up report of primary treating physician dated July 24, 2014 the diagnostic arthroscopy had been scheduled. The request was for 12 sessions of postoperative physical therapy for the left knee. This was modified by utilization review to 3 sessions a week 2 weeks. The reviewing physician indicated that this was a diagnostic arthroscopy and there was no interventional surgery being performed. This has now been appealed to an independent medical review.

### 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 times 2 weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
 Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25, 10, 11.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines indicate 12 visits over 12 weeks for chondromalacia of patella and derangement of meniscus. The postsurgical physical medicine treatment period is 4 months. Although the postoperative diagnosis is not known, the imaging studies indicate fissuring of the patella. Should the postoperative diagnosis change to a torn meniscus, the postsurgical physical medicine treatment will still remain the same. The initial course of therapy is one half of these 12 visits which is 6 visits. After completion of the 6 visits if there is documentation of objective functional improvement, a subsequent course of therapy may be prescribed consisting of an additional 6 visits within the above parameters. Based upon the above guidelines, the utilization review modification of the treatment request to 6 visits was appropriate and medically necessary. The request for the additional 6 visits (a total of 12 visits) is not supported by guidelines as it exceeds the initial course of therapy and as such, the medical necessity of this request is not substantiated.