

<b>Case Number:</b>	CM15-0077061		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36-year-old female, who sustained an industrial injury on 2/25/2013. She reported a slip and fall directly onto the left knee. She is status post left knee surgery in September 2013. Diagnoses include contusion, left patella, with chondral defect, status post lateral retinacular release, left knee. Treatments to date were not clearly documented in the medical records available for this review. Currently, she complained of constant left knee pain rated 7-8/10 VAS and associated with giving out, locking up, popping, and clicking. On 2/5/15, the physical examination documented hypersensitivity and tenderness to palpation with limited flexion. The plan of care included physical therapy and a consultation with an orthopedic surgeon to evaluate left knee treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee, 4 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter Knee and Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for left knee pain. Treatments have included arthroscopic surgery with a lateral retinacular release in December 2013 with a reported worsening of symptoms. When seen, there had been a recent negative MRI scan. Pain was rated at 7-8/10. Complaints included clicking and locking. There was an antalgic gait. Physical therapy was requested to revise the claimant's home exercise program and an orthopedic evaluation was requested. In this case, the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and therefore medically necessary.

**Consultation with orthopedic to evaluate left patella retinaculum:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-331.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7: Independent Medical Examinations and Consultations, p 127.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for left knee pain. Treatments have included arthroscopic surgery with a lateral retinacular release in December 2013 with a reported worsening of symptoms. When seen, there had been a recent negative MRI scan. Pain was rated at 7-8/10. Complaints included clicking and locking. There was an antalgic gait. Physical therapy was requested to revise the claimant's home exercise program and an orthopedic evaluation was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has undergone surgery without improvement and has findings suggestive of internal derangement but has a negative MRI. The requested orthopedic consult is therefore medically necessary.