

<b>Case Number:</b>	CM13-0016174		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 55 year old female stocker with a date of injury on 06/16/2012. She slipped and fell on her right knee. She had a right patella closed fracture. The fracture healed without surgery. As of 01/07/2013 she had 47 physical therapy visits. She was released to full duty according to the 01/16/2013 note (4 weeks ago) and on that note she was at MMI. The knee had normal strength and range of motion. It was stable. MRI of the right knee on 06/25/2013 revealed a chondral defect of the lateral patella facet and irregular meniscus changes but no meniscus tear and no ligament damage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patella fracture Page(s): 24.

**Decision rationale:** The Expert Reviewer's decision rationale: The patient had a patella fracture and was treated with 47 physical therapy visits. The request was for an additional 18 post

operative physical therapy visits. First, there is no documentaiton that she had sugery. She was MMI and back to work in 01/2013. The request for an open reduction and pinning of the patela was denied. Even if it were approved, MTUS page 24 maximum allowed physical therapy visits post operative treatment of a fracture of the patella is 12 visits. The 06/25/2013 right knee MRI did not document that there was any need for surgery for a fractured patella. Again, she already had 47 right knee physical therapy visits and should have been transitioned to a home exercise program. Right patella surgery was not documented and the need for post operative physical therapy was not substantiated.