

<b>Case Number:</b>	CM13-0023836		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 YO, female with an injury date from 11/19/12. Diagnoses include, right knee pain and sprains/strains of other specified sites of knee and leg, per the visit notes on 2/5/13 by [REDACTED], as well as visit notes on 8/1/13 by [REDACTED]. The patient underwent bilateral quadriceps tendon repair in early January 2013. The IMR application shows a dispute with the 8/26/13 UR decision. The 8/26/13 UR decision was in response to the 8/1/13 medical report from [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Page(s): 98-99.

**Decision rationale:** The patient is outside of the 6-month postsurgical physical medicine treatment timeframe. The MTUS/Chronic pain medical treatment guidelines apply. MTUS states

8-10 sessions of PT are recommended for various myalgias and neuralgias. The 8/6/13 PT note shows the patient had a total of 48 PT sessions since 2/5/13, with the last 8 being outside the post-surgical treatment timeframe. The request for 12 sessions of PT will exceed MTUS recommendations.