

<b>Case Number:</b>	CM13-0029563		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/25/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 & Rehabilitation and is licensed to practice in Illinois, Indiana, and Texas. 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 46-year-old male with a reported date of injury on 03/25/2010. The patient presented with consideration atrophy and weakness to the right knee, anterior knee pain, and severe weakness in the right knee. The patient had full extension, flexion to 130 to 140 degrees and good mobility of the patellofemoral joint. The patient had a diagnosis of joint pain in the leg. The physician's treatment plan included a request for 18 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 18 sessions of physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The California MTUS guidelines recommend 30 sessions of physical therapy over 12 weeks for fractures of tibia and fibula and 12 sessions of physical therapy over 12 weeks for chondromalacia. Per the provided documentation, it appeared the patient has attended 36 sessions of physical therapy. The provider noted the patient had full extension, flexion to 130 to 140 degrees, and good mobility of his patellofemoral joint. The patient was noted to have severe weakness of the right knee. Within the provided documentation, the

requesting physician did not include adequate assessments of the patient's subjective functional condition prior to beginning physical therapy as well as after completion of physical therapy sessions to date, in order to demonstrate objective functional improvement as well as remaining deficits. Additionally, the request for 18 additional sessions of physical therapy would further exceed the guideline recommendations. Therefore, the request for 18 sessions of physical therapy is neither medically necessary nor appropriate.