

<b>Case Number:</b>	CM13-0051789		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a female patient with a date of injury of June 22, 2011. A utilization review determination dated November 2, 2013 recommends modified certification for the requested physical therapy 2X6 to certify two sessions. Modified certification is recommended as the patient has undergone 30 visits of physical therapy. A physical therapy report dated December 13, 2012 indicates that the patient has received 12 sessions of physical therapy for patellar tendon rupture of the right knee. A physical therapy evaluation dated April 26, 2013 indicates that the patient had a patellar tendon repair on February 8, 2013. The note indicates that the patient has pain and weakness affecting the right knee. The treatment goal recommends physical therapy 2 times a week for 6 weeks. A physical therapy progress report dated May 17, 2013 indicates that the patient has undergone 7 physical therapy treatments during this physical therapy course. A physical therapy prescription dated April 1, 2013 recommends to physical therapy visits per week for 6 weeks. A progress report dated April 1, 2013 includes subjective complaints indicating that the patient is status post revision of her patellar tendon on February 18, 2013. The patient has been wearing a brace and using crutches. The note indicates that the patient has not yet begun a course of formal physical therapy. Physical examination identifies a well-heeled anterior surgical scar with trace effusion. Assessment includes patellar tendon rupture to the right knee on June 22, 2011 with a failed operative repair. The treatment plan recommends a formal course of physical therapy. A progress report dated October 28, 2013 indicates that the patient has undergone physical therapy and chiropractic care and continues to make slow and steady progress. The note indicates that her range of motion has made excellent progress and she is currently only lacking inflection. She has full range of extension actively. She continues to have muscle weakness and notes that she still has muscle atrophy. Overall, she continues to have significant improvement. She was previously placed on restrictions of no climbing or bending, no squatting or kneeling and standing limited to

15 minutes per hour. Physical examination identifies manual muscle testing rated as 3+/5 with leg extension and flexion. The treatment plan recommends physical therapy on an ongoing basis to allow her to regain range of motion and strength. A progress report dated August 5, 2013 indicates that the patient has completed 15 sessions of therapy postoperatively but continues to have significant weakness involving her right knee.

### **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, TWICE A WEEK FOR SIX WEEKS:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines Page(s): 10-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy Section.

**Decision rationale:** Regarding the request for additional physical therapy, the Knee Complaints Chapter of the ACOEM Practice Guidelines and the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 34 postoperative therapy visits for treatment of a patellar tendon rupture. Within the documentation available for review, the requesting physician has indicated that the patient has completed 15 sessions of therapy postoperatively but continues to have weakness. The medical information provided for review indicates that the patient's range of motion has improved but is not yet normal. Additionally, there is significant weakness and atrophy affecting the patient's right knee. ODG recommends a maximum of 34 postoperative visits of physical therapy for treatment of patellar tendon rupture. The previous reviewing physician indicated that the patient underwent 30 therapy visits and mistakenly used guidelines regarding ACL repair. No medical information has been provided indicating that the patient has had any more than fifteen physical therapy sessions following the most recent patellar tendon repair. The currently requested twelve physical therapy visits would still be within the maximum number recommended by guidelines. Although the current request falls outside of the timeframe for postoperative physical therapy recommended by guidelines, it should be acknowledged that there has been a significant delay since the initial request was placed. The request for Physical therapy for the right knee, twice a week for six weeks, is medically necessary or appropriate.