

<b>Case Number:</b>	CM13-0057413		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, and is licensed to practice in Illinois. 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 54-year-old who reported injury on 11/01/2012. The mechanism of injury was not provided. The patient underwent an open patellectomy and arthroscopic multicompartement synovectomy and patellar tendon repair on 11/06/2012. The clinical documentation indicated the patient had been authorized for 62 postoperative therapy visits. It was indicated that the patient improved with physical therapy. The clinical documentation dated 11/08/2013 revealed the patient improved with therapy and the patient's range of motion was 0 to 130 degrees with no tenderness on the joint line or about the scar. The physician opined he would like the patient to continue with physical therapy. The patient's diagnosis was noted to be a closed fracture of the patella and the request was made for postop physical therapy 2 times 6 quantity 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy, twice per week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 1 and 24.

**Decision rationale:** The Physician Reviewer's decision rationale: The Post-Surgical Treatment Guidelines indicate the treatment for the fracture of a patella is 10 visits with a treatment of 4 months. The patient was noted to have undergone the procedure in 2012. The patient had 62 visits of post-operative therapy that were approved. While the patient indicated she improved with physical therapy, there was a lack of documentation of objective functional improvement to support the patient moved forward in physical therapy. The patient's range of motion was noted to be full and the patient had no pain on examination. There was a lack of documentation of objective functional deficits to support ongoing therapy. Additionally, the patient was outside the postsurgical treatment, as the postsurgical treatment was noted to be 4 months after surgery. The patient should be well-versed in a home exercise program. The request for post-operative physical therapy, twice per week for six weeks, is not medically necessary or appropriate.