

<b>Case Number:</b>	CM14-0076042		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/25/2002
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 61 year old employee with date of injury of 3/25/2002. Medical records indicate the patient is undergoing treatment for rupture of quadriceps tendon; status post left knee quadriceps tendon repair and lateral meniscus debridement (3/2014) and hemarthrosis of the knee; tear of lateral cartilage and/or meniscus of the knee osteoarthritis of the knee. Subjective complaints include decreased complaints of pain; improved gait; using walker and knee brace. Objective findings include left knee incision benign; trace-1+/- joint effusion; no increased warmth erythema; can passively flex knee to 70 degrees; intact extensor mechanism to palpation and distal neurovascular exam intact. Treatment has consisted of home exercise; PT; Amiodarone; Atorvastain; Bactrim DS; Diltizem; Doc-Q-Lace; Doxycycline; Hydrocodone; Oxycontin; Warfarin and Zolpidem. The utilization review determination was rendered on 5/19/2014 recommending non-certification of Additional Physical therapy (x18).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy (x18): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-360,Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine  
Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** California MTUS physical medicine guidelines recommends as follows:  
"Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG specifies, "it is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (e.g., joint range-of-motion and weight-bearing limitations, and concurrent illnesses) . . . A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion." Additionally, ODG quantifies the number of sessions for Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks; Patellar tendon rupture (ICD9 727.66) Post-surgical treatment: 34 visits over 16 weeks. A Utilization review on 3/5/14 approved 12- 18 visits for post op PT and at the time of the request 5 additional PT Visits were remaining on the initial post op PT approval. The request for an additional 18 physical therapy is in excess of guidelines recommendation of 34 visits over 16 weeks. As such, the request for Additional Physical Therapy (X18) is not medically necessary.