

<b>Case Number:</b>	CM14-0091675		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 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 61-year-old female with a 1/16/2014 date of injury, after a fall at work. Status /post right knee arthroscopy, partial patellectomy, and patella tendon repair on 1/24/14. 6/6/14 determination was modified to 10 sessions of therapy. Reasons for modification include that the proposed sessions exceeded guidelines recommendation. At the time of the prior determination the patient had completed 8 physical therapy visits. 8/5/14 physical therapy report the patient had completed 23 out of 24 authorized treatments. The initial pain level was 5-7/10 and currently was 7-8/10. The patient described sudden increase in knee pain, stiffness, and difficulty bending the knee. The patient had not decrease and took more medication (sometimes). Initial range of motion was 55 degrees and currently was at 118 degrees with pain. 6/30/14 medical report identified that knee range of motion was much better. She was walking much better. She was using a cane. 1/24/14 operative report identified that the fracture comminution involved primarily nonarticular patella. The inferior fragment was more of a shell and was quite comminuted. It was elected to excise the fragments and repair the patellar tendon directly to the larger superior patellar fragment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk x8 wks (16) Right Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 03/31/14) Physical medicine treatment.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The patient sustained a fall at work and several days later underwent a right knee arthroscopy, partial patellectomy, and patella tendon repair on 1/24/14. It was noted that at the time of the surgery it was elected to excise the fragments and repair the patellar tendon directly to the larger superior patellar fragment. At the time of the prior determination it was noted that the patient had only 8 sessions of physical therapy, and a modification was issued given that the requested sessions exceeded the 10 sessions proposed by CA MTUS for the patient's injury. However, in this particular case, the patient did not just have a closed patellar fracture, the patient underwent a partial patellectomy with patella tendon re-attachment, for which more extensive physical therapy should be expected and recommended. In this case, ODG supports up to 30 visits for open reduction internal fixation of the patella and up to 34 visits for patellar tendon ruptures. Considering all these factors, the request for additional 16 physical therapy sessions was medically necessary.