

Case Number:	CM14-0198442		
Date Assigned:	12/08/2014	Date of Injury:	05/21/2014
Decision Date:	01/27/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/25/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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:

The injured worker is a 56-year-old male who was hospitalized on 5/21/2014 with acute quadriceps tendon ruptures of both knees. The medical records document the injury which resulted during the course of his work as an oil field worker. He was carrying a large pipe on an oil platform and almost fell backwards. As he began to fall backwards he tried to catch himself by contracting the muscles of both legs and stand up straight. He hit the ground and was unable to get up secondary to pain and weakness of the quadriceps muscles. He lost control of knee extension in both legs and was unable to ambulate. He was transported to the hospital and found to have bilateral quad tendon ruptures confirmed with MRI scans. He underwent surgical repairs on 5/22/2014. Postoperatively he was treated with extension braces and physical therapy. He completed 24 visits of occupational therapy and 24 visits of physical therapy including aquatic therapy. He was ambulatory with a walker, weightbearing as tolerated. The last documented progress note is dated September 29, 2014 and indicates that he had no unusual complaints. He denied any fever, chills or night sweats. He stated that he had improved since the surgery. Examination of the knees revealed well-healed incisions with no sign of infection, or knee effusions. Range of motion was near normal with good quadriceps strength and only 5-10 extensor lag. The plan was to continue using the walker. He was advised to do sedentary work only. The provider suggested follow-up in 3 months. The disputed request pertains to a request for additional physical therapy 3 times per week for 6 weeks, a total of additional 18 visits after having completed 48 visits. The request was noncertified by utilization review on 10/31/2014 citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Additional Physical Therapy, three times a week for six weeks, for the bilateral quadriceps tendon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Physical medicine treatment, Quadriceps tendon rupture Postsurgical treatment.

Decision rationale: ODG Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical therapy. For quadriceps tendon rupture the postsurgical treatment is 34 visits over 16 weeks. The documentation indicates that the injured worker had received 48 treatments prior to this request. He was ambulatory with a walker and had good motion in both knees with only 5-10 extensor lag. There was no reason why he could not transition to a home exercise program at this time. The request for the additional physical therapy 3 times a week for 6 weeks exceeded the guidelines and as such, was not medically necessary.