

<b>Case Number:</b>	CM15-0104895		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old male who sustained an industrial injury on 3/22/13 from a fall where he twisted his leg causing a quadriceps tendon tear. In 4/2013, he had an open reduction internal fixation repair. He currently complains of constant right knee pain that radiates to the toes. He has right knee bucking that caused a fall resulting in right shoulder pain with partial tear to right rotator cuff. Pain level is 7/10. He ambulates with a cane. On physical exam there was muscle atrophy in the anterior thigh of right lower extremity with decreased range of motion of right lower extremity and decreased stability. Medications are ibuprofen, Flexeril, Soma, Tylenol, Lidocaine adhesive patch. Medication reduces pain and spasms by 50%. Diagnoses include shoulder pain; rupture quadriceps tendon; chronic pain syndrome; diabetes. Treatments to date include medications; physical therapy; home exercise program. In the progress note dated 4/24/15 the treating provider's plan of care requests to continue physical therapy due to decreased range of motion and instability of right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks to right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in March 2013 and underwent a quadriceps tendon repair in April 2013. He is also be treated for a partial right rotator cuff related to a fall. Prior treatments have included physical therapy with a home exercise program. When seen, he had completed 10 physical therapy treatments and had previously received extensive physical therapy. There was right thigh atrophy and decreased muscle tone. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and is in excess of what would be needed to finalize the claimant's home exercise program. The additional physical therapy was not medically necessary.