

<b>Case Number:</b>	CM15-0161071		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	03/24/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 42-year-old male, who sustained an industrial injury on 03-24-2015. On provider visit dated 06-30-2015 the injured worker has reported pain. On examination the right knee was noted to have range of motion 0-130 degrees, diffuse knee tenderness and trace effusion. The diagnoses have included right knee quadriceps contusion-patellofemoral pain syndrome. Treatment to date has included physical therapy, medication, and home exercise program. The injured worker was noted to be working on modified duty. The provider requested quadriceps strengthening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quadriceps strengthening program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Physical medicine guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in March 2015 and is being treated for a right knee and quadriceps contusion. Treatments have included physical therapy with completion of at least 10 treatments as of 06/29/15. When seen, pain was rated at 3/10. There was a normal BMI. There was normal knee range of motion with diffuse tenderness and a trace effusion. Strength was intact. A quadriceps strengthening program was requested. In terms of physical therapy for this condition, guidelines recommend up to 12 treatment sessions over 8 weeks. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program including the requested therapeutic content of a strengthening program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.