

<b>Case Number:</b>	CM15-0184370		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/18/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on 03-18-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right patella fracture. Medical records (03-18-2015 to 08-19-2015) indicate ongoing right knee pain anteriorly. Per the progress note (08-19-2015), pain levels were 3-4 out of 10 on a visual analog scale (VAS) and described as intermittent and burning with radiating pain up the thigh and associated with right lower extremity weakness. Physical therapy was reported to make pain worse, and pain medications were noted to provide improvement. Per the progress note (08-19-2015), the IW is able to walk short distances, stand for 20-30 minutes, sit for 1-2 hours, and can lift 5 pounds. Records also indicate no changes in activity levels or level of functioning over the most recent exams. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-19-2015, revealed diminished sensation to the back of the right knee and the right lateral leg, antalgic gait using a 4-point cane, mild swelling to the right knee, tenderness to palpation over the quadriceps muscle and patellar tendon of the right knee, decreased range of motion in the right knee, 4 out of 5 hip extensors on the right, 2 out of 5 right knee extensors, 3 out of 5 right knee flexors, 4 out of 5 right dorsiflexors, 4 out of 5 right hallucis longus, and 4 out of 5 right ankle plantar flexors. There were no significant changes from previous exam findings on 08-05-2015. Relevant treatments have included right knee repair surgery (03-24-2015), removal of excess tissue surgery (06-23-2015), at least 38 sessions of physical therapy (PT), work restrictions, and pain medications. The request for authorization (08-18-2015) shows that the following therapy was requested: 8 (2x4) sessions of physical therapy to strengthen right quad muscle. The original utilization review (09-01-2015) non-certified the request for 8 sessions of physical therapy to strengthen right quad muscle based on lack of functional improvement with previous therapy and exceeding the number and time of recommended treatments.

## IMR ISSUES, DECISIONS AND RATIONALES

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

below: **Physical therapy 2 x wk x 4 wks/8 sessions to strengthen right quad muscle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Based on the 8/19/15 progress report provided by the treating physician, this patient presents with burning, intermittent anterior right knee pain radiating up the thigh which is associated weakness in the right lower limb, rated 3-4/10 on VAS scale. The treater has asked for physical therapy 2 x wk x 4 wks/8 sessions to strengthen right quad muscle on 8/19/15. The request for authorization was not included in provided reports. The patient is s/p ORIF right patella with a diagnosis of patella fracture from 3/24/15, with subsequent right knee arthroscopy with lysis of adhesions, synovectomy and chondroplasty from 6/23/15 per 8/19/15 report. The patient states she has better range of motion in the right knee than before the arthroscopy per 7/7/15 report. The patient states that she's attending physical therapy 3 times a week, and it is helping per 7/7/15 report. The patient is s/p 24 sessions of postsurgical physical therapy and medications, which have included Meloxicam, Oxycodone, Hydrocodone, Ondansetron, and Colace per 8/19/15 report. The patient's pain is stated to have worsened with physical therapy, but improved with medications per 8/19/15 report. The patient denied any numbness per 8/19/15 report. The patient is on modified restrictions, but has not worked since 3/18/15 per 8/19/15 report. MTUS Post-Surgical Treatment Guidelines, Section on Knee, page 24,25:Fracture of patella (ICD9 822):Postsurgical treatment: 10 visits over 8 weeks; Postsurgical physical medicine treatment period: 4 months Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):Postsurgical treatment: 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 4 months. In this case, the patient was s/p ORIF for patella fracture on 3/24/15, and had 19 sessions of postsurgical physical therapy per 6/25/15 report. The patient then was s/p arthroscopy for chondromalacia of right patella on 6/23/15, and had another 19 sessions of physical therapy per 8/4/15 physical therapy report. The patient states the therapy has been helping. However, MTUS allows for 10 sessions of therapy post patella fracture, and 12 sessions of therapy post chondromalacia of patella. In conjunction with the prior 38 total sessions of therapy, the current request for an additional 8 sessions to strengthen right quad muscle exceeds MTUS guidelines. Therefore, the request IS NOT medically necessary.