

<b>Case Number:</b>	CM14-0147695		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/12/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Mississippi. 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 records presented for review indicate that this 34 year-old male was reportedly injured on July 12, 2014. The mechanism of injury is noted as a slip and fall from a 12 foot ladder, resulting in a left patellar fracture, among other injuries. The patient had left knee surgery on August 7, 2014. The most recent progress note, dated August 25, 2014, indicates that there were ongoing complaints of left knee pain. The physical examination demonstrated a normotensive (110/70) individual that is 5'4" in height, weighs 146 pounds, and is in no acute distress. He has antalgic positioning with limping on the left lower extremity, requiring him to use crutches for ambulation. Examination of the left knee revealed swelling, with a 5.5 inch linear surgical scar over the anterior aspect of the joint. There was tenderness to palpation and evidence of effusion. Range of motion is at 0 of extension and patient was unable to do flexion at the time of the exam. Diagnostic imaging studies include a CT scan and x-ray of the left knee, both dated July 30, 2014, and both showed a comminuted fracture of the left patella. Previous treatment includes open reduction with internal fixation of the left patellar fracture and medications. A request has been made for postoperative physical therapy, 18 sessions total for the left knee, and was not certified in the pre-authorization process on August 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Physical Therapy - 3 times 6 = 18 visits to the left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

**Decision rationale:** MTUS guidelines support postsurgical physical therapy and recommends a maximum of 10 visits over 8 weeks within 4 months of surgical treatment for patellar fractures. The request is for 18 sessions of physical therapy and surpasses the recommended treatment parameters. Furthermore, there is insufficient clinical data relative to the efficacy of the physical therapy already completed. Accordingly, there is insufficient clinical data presented to support this request. Medical necessity has not been established.