

<b>Case Number:</b>	CM15-0017625		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 28 year old male who sustained an industrial injury on 9/6/13. The injured worker reported symptoms in the right knee. The diagnoses included tear meniscus and contusion of knee. Per the submitted records he is s/p right knee open debridement and repair of patellar tendon with excision of pretibial bursa in April 2014. He completed 15 postoperative physical therapy visits, as well as 6 sessions of acupuncture which also included therapeutic exercises and passive PT modalities. Treatments to date include physical therapy, home exercise program, and acupuncture treatments. 07/02/15 PT note stated that he was feeling stronger, but still in a lot of pain. A physical exam was not documented on 07/02/15, and evidence of functional improvement with previous therapy is not documented. Despite ongoing treatment he has continued to report pain, swelling, and spasms, and injured worker has continued to demonstrate tenderness, edema, antalgic gait, and limited range of motion. In a progress note dated 1/14/15 the treating provider reports the injured worker was with "painful right knee...pain, tenderness and swelling...antalgic gait on right side." 02/11/15 progress note stated that he was not any better. Knee flexion was 110 degrees and extension was 100 degrees. An MRI was scheduled for 02/12/15, but results are not documented. On 1/22/15 Utilization Review non-certified the request for additional post-operative physical therapy to right knee 2 times per week for 4 weeks (8 sessions). The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy to right knee 2 times per week for 4 weeks (8 sessions):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter, Physical medicine treatment; ODG Preface

**Decision rationale:** Injured worker is now approximately 11 months s/p knee surgery for patellar tendon debridement and repair. He has completed 15 postop PT sessions, as well as 6 acupuncture sessions including PT modalities and exercises. A home exercise program is in place. Significant symptomatic or functional improvement is not documented in notes from the time period from July 2014 to February 2015. MTUS is silent concerning postoperative therapy following patellar tendon repair, but following other procedures of the knee (including for patellar dislocation) recommends a postsurgical physical medicine treatment of up to 6 months. ODG recommends up to 34 PT visits over 16 weeks following surgery for patellar tendon rupture. ODG Preface states: "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy)." Due to amount of time which has elapsed since surgery and the lack of documented objective evidence of progress with previous therapy, medical necessity is not established for continued skilled therapy at this point in care.