

<b>Case Number:</b>	CM15-0129462		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 52 year old female who sustained an industrial injury on 10/06/14. Initial complaints and diagnoses are not available. Treatments to date include medications, home exercise program, 2 right knee surgeries, and physical therapy. Diagnostic studies include x-rays. Current complaints include pain in the right hip down and in the lower back. Current diagnoses include closed fracture of the patella. In a progress note dated 06/09/15, the treating provider reports the plan of care as continued physical therapy. The requested treatment includes physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2x8 Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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 (3) Knee & Leg (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in October 2014 and continues to be treated for low back and right lower extremity pain. She sustained a fracture of the patella and underwent ORIF in October 2014 and hardware removal in February 2015. When seen, she had been attending physical therapy treatments one time per week and performing home exercises program. She was having pain from her right hip downwards and in her low back. Her BMI was over 37. There was right hip abduction weakness. Additional physical therapy and home exercises were recommended for improvement in muscle strength. A physical therapy progress note was reviewed and shows no significant improvement in right knee strength. The claimant had met her goal of performing an independent home exercise program. Guidelines recommend up to 30 physical therapy treatments over 12 weeks after surgical treatment of a fracture of the patella. In this case, the claimant's surgery for the fracture was in October 2014 and the post-surgical treatment period has been exceeded. The claimant has already had physical therapy and is independently performing a home exercise program. Continued compliance with her 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. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.