

<b>Case Number:</b>	CM15-0179847		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Pain Management, 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 59 year old male who sustained an industrial injury 04-28-14. A review of the medical records reveals the injured worker is undergoing treatment for right quadriceps rupture and status post right quadriceps tendon repair x 2 in October of 2014. Medical records (08-18-15) reveal "significant weakness" in his leg. The physical exam (08-18-15) reveals diminished range of motion in the right knee as compared to the left knee. Prior treatment includes right quadriceps tendon repair x 2, and 39 sessions of post-operative physical therapy. The treating provider reports (08-18-15) that standing view x-rays of the right knee revealed "5.0 and 6.0 mm lateral joint on space on standing AP and flexed views with normal patellar height." The original utilization review (09-11-15) non-certified the request for additional physical therapy to the right knee and quadriceps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee/quadriceps QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee physical therapy.

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

**Decision rationale:** MTUS 2009 postoperative surgical guidelines recommend up to 34 sessions of physical therapy after repair of a quadriceps tendon rupture. This patient has already exceeded the stumper of therapy sessions. The therapy notes do not describe the barrier to recovery. The therapy notes do not provide a plan to address the delayed recovery. The patient should be well-versed in a knee extension exercise regimen as well as a quadriceps strengthening regimen. This request for additional physical therapy exceeds evidence-based guidelines recommendations and there's no information in the therapy notes which explains why additional PT is necessary. This request for additional physical therapy is not medically necessary.