

<b>Case Number:</b>	CM13-0044309		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 patient is a year old male with a date of injury on 03/22/2013. He fell about two feet off a bucket and sustained injuries to his right hip, knee and ankle. The diagnoses were sprain/strain of right hip, right knee and right ankle. On 04/03/2013 he had persistent pain of this right hip, knee and ankle. Motor strength was 5/5. McMurray sign was positive. Knee was stable. Sensory exam was normal. X-rays revealed no fracture. MRI of the right knee on 04/16/2013 revealed mild quadriceps tendonopathy. There was no injury to meniscus or ligaments. On 04/16/2013 a right ankle MRI revealed tibialis posterior tendonitis. There was a chronic partial tear of the anterior talofibular ligament. There was minimal chronic Achilles tendinopathy. On 04/16/2013 the right hip MRI revealed mild gluteus medius and gluteus minimus tendinopathy. On 04/17/2013 he was 30% better. The listed first assessment was possible right knee medial meniscus tear when the MRI revealed on meniscus injury, physical therapy was prescribed. On 05/16/2013 it was noted that he had 4 visits of physical therapy and his ankle was improved. 6 visits had been authorized. On 06/05/2013 more physical therapy was ordered. On 06/06/2013 6 more visits of physical therapy were authorized. On 06/14/2013 he was still walking with a single point crutch. The crutch was discontinued. On 07/16/2013 he started another course of physical therapy. He had once a week physical therapy. On 08/04/2013 he had his 4th visit. On 08/27/2013 he had his 7th visit. On 08/30/2013 he was to continue his home exercise program. On 09/25/2013 there was a request for 8 additional physical therapy visits. This was denied. The provider was asked to provide a record of all of the physical therapy sessions and a recent evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy; 8 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), and the Restoration of Function, Chapter 6, page 114

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Hip, knee and ankle injuries - non-surgery PT.

**Decision rationale:** At least 14 physical therapy visits were authorized and at least 12 were done. He does not have any right knee meniscus or ligament injury. He has a sprain/strain of hip, knee and ankle. There was a partial tear in the anterior talofibular ligament. There were no MTUS guidelines for the appropriate ankle, knee and hip non-surgical physical therapy. Thus the ODG guidelines 2014 were used for the maximum course of physical therapy. For the hip and ankle injuries above the maximum physical therapy course was 9 visits over an 8 week period. For the knee injury it was 12 visits over an 8 week course. The 8 weeks of physical therapy has expired. The maximal 12 physical therapy visits have already been provided. Any additional physical therapy visit would exceed the limit. By this point in time the patient should have been transitioned to a home exercise program. There was no documentation of any functional deficit that would preclude a home exercise program and there was evidence that he had an instruction in a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program at this point in time. To use the chronic pain ACOEM guideline from MTUS there must be documented improvement in functionality with respect to his ability to do activities of daily living. He remained out of work as of 09/25/2013 - more than 6 months after the injury despite physical therapy. There was no objective documentation of an improved ability to do activities of daily living.