

Case Number:	CM13-0064266		
Date Assigned:	01/03/2014	Date of Injury:	02/02/2012
Decision Date:	05/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 59-year-old female who reported an injury on 02/02/2012. The mechanism of injury was not provided. The injured worker reported 8/10 pain. Physical examination revealed mild swelling of the right knee, a limping gait, and tenderness to palpation at the right buttock with decreased range of motion of the lumbar spine. The injured worker is currently diagnosed with total knee replacement on 08/15/2012 and right elbow fracture. Treatment recommendations at that time included 8 sessions of physical therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/week for 4 weeks for Hip Only, Qty:8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy of therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted,

there was no evidence of a significant musculoskeletal or neurological deficit with regard to bilateral hips. The injured worker maintains diagnoses of total knee replacement and right elbow fracture. The medical necessity for skilled physical medicine treatment for the hip has not been established. As such, the request is non-certified.