

<b>Case Number:</b>	CM13-0066111		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 & Rehabilitation 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 patient is a 63-year-old female who reported an injury on 03/26/2007. The mechanism of injury was not provided. The examination of 11/20/2013 revealed that the patient was postoperative removal of hardware converted to a total hip arthroplasty on 07/22/2013. The patient was also noted to be postoperative for the left hip excisional debridement and a 4 by 25 cm incision and primary closure, which were performed on 09/05/2013. The patient was using a wheelchair to get around. The patient indicated that her pain was a 0/10; however, pain occurred when the patient was using her walker to walk or when she was putting pressure on her left hip. The patient was noted to be taking Norco and Motrin for the pain. The patient had one leg that was 1 inch shorter than the other. The patient had a positive foot drop and a deficit in flexion of the left foot. The patient's diagnoses were noted to be joint replacement, foot drop, knee pain, fracture femur supracondylar and hip avascular necrosis. The request was made for 12 visits of physical therapy with 2 per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE LEFT KNEE (12 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table.

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

**Decision rationale:** The California MTUS Guidelines indicate that physical medicine treatment is recommended for a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the physician was asking for additional physical therapy. However, there was an indication that the patient had left knee pain as a result of the fracture from a fall. The patient was noted to have previous physical therapy and there was a lack of documentation of objective functional improvement with the previous physical therapy. There was a lack of documentation indicating the number of sessions that the patient had previously attended. The request for 12 sessions would be excessive. Given the above, the request for 12 physical therapy sessions to the left knee is not medically necessary.